

FILED DEC 9 1948
 Registration District No. _____

Primary Registration District No. **1003**

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1257a Aubert Ave.**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MARY CYTRON**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **December** day **3**
 year **1944** hour **9.30** minute **A** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Morris Cytron** 6. (c) Age of husband or wife if alive **68** years
 7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Nov. 17** 19**44** to **Dec. 3** 19**44**.
 that I last saw her alive on **Dec. 3** 19**44** and that death occurred on the date and hour stated above.

8. AGE: Years **About 62** Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death **Cerebral hemorrhage - 1**
 Due to _____
 Due to _____
 Other conditions **Hypertension**
(Include pregnancy within 3 months of death)

9. Birthplace **Russia**
(City, town, or county) (State or foreign country)
 10. Usual occupation **At home**
 11. Industry or business _____
 12. Name **Herman Goshien**
 13. Birthplace **Russia**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Russia**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations **No operation**
 Of autopsy **No autopsy**

16. (a) Informant **Morris Cytron**
 (b) Address **1257a Aubert Ave.**
 17. (a) **Burial** (b) Date thereof **12-4-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Chesed Shel Emeth Cem.**
 18. (a) Signature of funeral director **Herman Rindskopf**
 (b) Address **5216 Delmar Blvd**
 19. (a) **DEC 4 1944** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **Herman Rindskopf** (M. D. or other) **MD**
 Address **508 N. Grand** Date signed **12/4/44**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. P. Burgess

Licensed Embalmer No. **4029**

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.