

FILED OCT 14 1942

8210

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

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:
404 A.E. Davis st. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **404 E. Davis st.**
(If rural, give location)
 (e) Citizen of foreign country?..... **no** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Caroline M. Kuslker**

3. (b) If veteran, name war..... **None**
 3. (c) Social Security No..... **None**

4. Sex..... **Female /** 5. Color or race..... **White**
 6. (a) Single, widowed, married, divorced..... **2 widowed**

6. (b) Name of husband or wife..... **Edward Kuslker**
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **April 21 1854**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	5	11 hr. min.

9. Birthplace..... **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....

12. Name..... **John H. Haar**

13. Birthplace..... **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Ann Maria Hardabeck**

15. Birthplace..... **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mary L. Becker**

(b) Address..... **404 a E. Davis**

17. (a) **Burial** (b) Date thereof..... **Oct. 5, 1942**
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation..... **St. Louis, Mo.**

18. (a) Signature of funeral director..... **C. Hoffmeister U.S.A.L.Co.**

(b) Address..... **7814 S. Broadway**

19. (a) **OCT 5 1942** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October** day..... **2**
 year..... **1942** hour..... **1** minute..... **45** p. M.

21. I hereby certify that I attended the deceased from **Sept 21**
 19**42**, to **Oct 2** 19**42**
 that I last saw h**e** alive on **Oct 2** 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic Myocarditis 5 yr**

Due to.....

Due to.....

Other conditions..... **none**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

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?
(Specify type of place) (e) Means of injury..... 0

23. Signature..... **A. E. Tynes** (M. D. or other)

Address..... **212 E. Jefferson** Date signed..... **Oct 5 1942**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Linus C Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.