

S. No. 2
 FORM-5-43
 REV. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 10 1946
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14928**
 Registrar's No. **3869**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County..... **St. Louis**
 (b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **De Paul Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **24 das**
(Specify whether years, months or days)
 In this community..... **24 das**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME..... **Sharon Kuse**
3. (b) If veteran, name war..... **---**
3. (c) Social Security No..... **---**

4. Sex **female** / **5. Color of race** **White**
6. (a) Single, widowed, married, divorced..... **0**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years **1946**
7. Birth date of deceased **March - 3**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 24 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name..... **Edward G. Kuse**
13. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Jane Pelacara**
15. Birthplace **St. Louis** **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Edward G. Kuse**
(b) Address..... **4312 Sacramento Ave**

17. (a) burial **(b) Date thereof** **4-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **J. F. Bredeck**
(b) Address..... **2225 St. Louis Ave**

19. (a) APR 29 1946 **(b) J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Missouri** (b) County..... **0-00**
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **4312 Sacramento**
(If rural, give location)
 (e) Citizen of foreign country?..... **0**
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **4** day **27**
 year **1946** hour **6** minute **30 P. M.**
21. I hereby certify that I attended the deceased from **The 24**
days of her life from 4/2/46 to 4/27/46
 that I last saw her alive on **4/27/46**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Myocardial infarction**
immaturity
 Due to.....

Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations..... **X**
 Of autopsy..... **X**
 Underline the cause to which death should be charged statistically.

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..... **H. O. Moore** **(M. D. or other)** **MD**
3633 Fair Ave Date signed **4/28/46**

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

13600

Not Embalmed

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.....

Robert Goodhart

..... Licensed Embalmer No.....

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.