

FILED JAN 22 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

3526

Registrar's No. 132/48

Registration District No. 377

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Sullivan Nursing Home 4
(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 Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. O'Sullivan Nursing Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CAROLINE KUS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife John Kus 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 11-1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name (Unknown) Shada
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Fannie (Unknown)
15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Wessel
(b) Address 2924 Hebert Street

17. (a) Burial (b) Date thereof 1-16-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Model Mort. Co

(b) Address 1926 Allen Avenue

19. (a) 1-16-48 (b) Carolee Shada
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th
year 1948 hour 10:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 1, 1947, to Jan 14, 1948, that I last saw her alive on January 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac infarct Duration 2 days

Due to Arteriosclerotic heart disease & aortic stenosis Eyes

Due to _____
Other conditions 930
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
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 U

23. Signature Lewis Littmann (M. D. or other) MD
Address 8231 Clayton Date signed 1/14/48

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

JAN 23 1948

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.....

..... Me....., Registered Apprentice No.....
working under my personal supervision.

Signed *Benj. L. Duman*
.....
Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.