

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2916  
Registrar's No. 382

318 1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 3728 Dunnica Ave.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3728 Dunnica Ave.				d. STREET ADDRESS (If rural, give location) 3728 Dunnica Ave.					
3. NAME OF DECEASED (Type or Print) EDWIN J. KUSTER			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH Jan. 13 1949		(Month)		(Day)		(Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 25, 1874			
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR 6		IF UNDER 2 HRS. 18		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Stix, Baer & Fuller			11. BIRTHPLACE (State or foreign country) Stevens Point, Wisconsin			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Simon Kuster			13b. MOTHER'S MAIDEN NAME Mary Licklader			
14. NAME OF HUSBAND OR WIFE Carolyn L. Kuster			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. Spanish-Amer.			
17. INFORMANT'S SIGNATURE OR NAME Carolyn L. Kuster			ADDRESS 3728 Dunnica Ave.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>29 Dec</u> , 19 <u>48</u> , to <u>12 Jan</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12 Jan</u> , 19 <u>49</u> and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. H. Catawano M.D.</u>				23b. ADDRESS <u>2715 Clifton</u>		23c. DATE SIGNED <u>13 Jan 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 15, 1949		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE RECD BY LOCAL REG. JAN 13 1949		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228S. Kingshighway Bl.					

(Licensed Embalmer's Statement on Reverse Side)

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

2715 Clifton  
1-4

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Edwin M. Permutt*

Licensed Embalmer No. *3024*

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.