

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6227**

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution 1919 Edwards St
(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 13th
(c) City or town St Louis
(d) Street No. 1919 Edwards St
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Fuse
(b) If veteran, no name war _____
(c) Social Security No. 489-01-5510

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 14 1946 hour 11 minute 00 AM
21. I hereby certify that I attended the deceased from 2/2 1946 to 8/15 1946
that I last saw him alive on _____ and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic atherosclerosis of coronary arteries
Due to _____
Due to _____
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: _____

4. Sex male 5. Color white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Louisa Grassi 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 17 1876
(Month) (Day) (Year)
8. AGE: Years 70 Months 6 Days 17 If less than one day _____ hr. _____ min.

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation tailor
11. Industry or business _____
12. Name Francesco Fuse
13. Birthplace Italy (State or foreign country)
14. Maiden name Maria Annini
15. Birthplace Italy (State or foreign country)
16. (a) Informant Mrs. Louisa Fuse
(b) Address 1919 Edwards St
17. (a) burial (b) Date thereof 8-7-46
(c) Place: burial or cremation New St City's Church
18. (a) Signature of funeral director Caul & Calabrese
(b) Address 5172 Wadgell Ave
19. (a) AUG 5 1946 (Date received local registrar) _____ (Signature of Registrar)

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? _____
23. Signature L. A. Mulligan (M. D. or other) _____
Address 2508 N. Kingshighway Date signed 8/15/46

27491
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Paul C. Calcutera

Licensed Embalmer No. 2376

P. O. Address 5142 Daggitt

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.