

FILED MAR 13 1947  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Bonhomme, Twp (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mason Rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether  
In this community Life (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Caroline Fuszner,

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Mar. 26, 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 11 9 hr. min.

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

10. Usual occupation Housework,

11. Industry or business At home,

12. Name John Fuszner,

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

14. Maiden name Wilkusson

15. Birthplace Lukusson  
(City, town, or county) (State or foreign country)

16. (a) Informant Emil A. Fuszner,

(b) Address 917 Simmons Ave. Kirkwood, Mo.

17. (a) Burial (b) Date thereof 3/8/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cem. Manchester

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) 2-7-47 (b) Ruth G. Allen  
(Date received local registrar) (Name) (or a signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96  
(c) City or town Rural, Bonhomme, Twp  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mason Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 5,  
year 1947 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from  
Jan 15, 1946, to March 5, 1947;  
that I last saw her alive on March 5, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to arteriosclerosis

Due to senility 93d

Other conditions (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)

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 B.P. Louing (M. D. or other) MD

Address Ballwin, Mo. Date signed 3-6-47

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

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 *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, Mo.*

**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.