OCT 28 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28282

File No. 254

Registered No.

1. PLACE OF DEATH
County St Louis
Registration District No. 790
Township
Primary Registration District No. 6033
City Richmond Hts (No. New St Mary's Hosp. St. Ward)

2. FULL NAME Ernest F. Bughee

(a) Residence. No. 734 Leland St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Lillyan Bughee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2, 1872

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
55	7	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sales Manager
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Dayton Cash Co.

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ohio.

PARENTS

10. NAME OF FATHER Fred C. Bughee
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) New York

14. INFORMANT Lillyan Bughee
(Address) 734 Leland

15. FILED 9/26 1927 J. P. Buddeke
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1927, to Sept 25, 1927 that I last saw him alive on Sept 24, 1927, and that death occurred, on the date stated above, at 12:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypernephroma of Kidney
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis
(duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Sept 21 1927
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. N. Thannhauser, M. D.
Sept 26, 1927 (Address) Arcade Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Crematory
DATE OF BURIAL: Sept 27, 1927

20. UNDERTAKER: Akron Drug Co
ADDRESS: 2707 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.