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

Do not use this space.

29014

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. 1000 O'Fallon st. St. ..... Ward)

File No.....

Registered No. 8597

2. FULL NAME Frank Bugaczyk

(a) Residence. No. ..... St. 25 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: Mal.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Maried.

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 1888

7. AGE: Years 39. Months 5 Days 23 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DESECEASED
(a) Trade, profession, or particular kind of work Soft Drink Pr.
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER George Bugaczyk

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Poland.

12. MAIDEN NAME OF MOTHER Katie Kulik

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Poland.

14. INFORMANT Tony Cichocki
(Address) 1101 Mocklesme

15. FILED SEP 27 1927 Max C Starcof REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1927, to Sept 23, 1927 that I last saw him alive on Sept 25 1927, and that death occurred, on the date stated above, at 9:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Alcoholism
15 B

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H Vizgard, M. D

Sept 24 1927 (Address) 1873 Cass

*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 Cohay — DATE OF BURIAL Sept 27 1927

20. UNDERTAKER Central — ADDRESS 1841 Cass

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.

THIS CERTIFICATE IS A PERMANENT RECORD

Vrzgard