JAN 26 1934

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

Do not use this space.
42079

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. 5090 Maple Ave. St. ..... Ward)

File No. ..... Registered No. 11133

2. FULL NAME Mary Ann Bugler

(a) Residence, No. 3228 Oxford Av. St., N. R. Ward. Maplewood, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew F Bugler.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1864

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 69 | 9 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER

13. NAME Joseph Gannon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Joseph Bugler (ADDRESS) 3228 Oxford Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Dec. 28, 1933

19. UNDERTAKER Crophan Und. Co. (ADDRESS) 7146 Manchester Ave.

20. FILED DEC 27 1933 J. F. Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1932, to Dec 26, 1933

I last saw her alive on Dec 26, 1933. Death is said to have occurred on the date stated above, at 12 40 ~~A.M.~~ P.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | |
| 131 | |
| 8 RH | |

Other contributory causes of importance:

Chronic Parenchymatous Nephritis

Name of operation — Date of —

What test confirmed diagnosis? Physical Findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Vincent F Townsend, M. D.

(Address) 310 19 Sutton Ave Maplewood Mo

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.

WRITE PLAINLY, WITH CARBON INK—THIS IS A PERMANENT RECORD