S. No. 2
I—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31732

State File No.

FILED OCT 25 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8884

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Hrs. (Specify whether

In this community About 30 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 20 17

(d) Street No. 3019a N Jefferson Ave (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Louise Bugg

3. (b) If veteran, name war no

3. (c) Social Security No. mo

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John E Bugg

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 4 (Month) 5 (Day) 1901 (Year)

8. AGE: Years 44 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) ILL (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Herman Lang
13. Birthplace Waterloo (City, town, or county) ILL. (State or foreign country)

MOTHER
14. Maiden name Louise Kvack
15. Birthplace Waterloo (City, town, or county) ILL. (State or foreign country)

16. (a) Informant John E Bugg

(b) Address 3019a N Jefferson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvery Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave.

19. (a) OCT 15 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13 year 1945 hour 1 minute 15a M.

21. I hereby certify that I attended the deceased from June 1, 1945 to Oct. 13, 1945 that I last saw her alive on Oct. 12, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	3 mo.
Due to: Rheumatic Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. B. Lavan (M. D. or other) MD

Address 401 Humboldt Bldg. Date signed 10/15/45

(Licensed Embalmer's Statement on Reverse Side)

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 Elmer K. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.