

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2298**
Registrar's No. **182**

FILED JAN 23 1947
318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Lukes Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **24 days.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **St. Louis, 96**

(c) City or town **University City,**
(If outside city or town limits, write "RURAL")

(d) Street No. **7044 Waterman Ave.,**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME **RALPH WALDO BUGBEE.**

3. (b) If veteran, name war **None.**

3. (c) Social Security No. _____

4. Sex **Male.** 5. Color or race **White.**

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

6. (b) Name of husband or wife **Florence H. Bugbee.**

6. (c) Age of husband or wife if alive **59.** years

7. Birth date of deceased **September 5, 1878.**
(Month) (Day) (Year)

8. AGE: - Years Months Days If less than one day

68. **4.** **1.** hr. _____ min.

9. Birthplace **Jackson, Michigan.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired.. Banker..**

11. Industry or business **Advisor Veterans Bureau.**

MOTHER FATHER

12. Name **Eben Bugbee.**

13. Birthplace **Brookline, Mass.,**
(City, town, or county) (State or foreign country)

14. Maiden name **Marion I. Smith.**

15. Birthplace **Jackson, Michigan.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Florence H. Bugbee.**

(b) Address **7044 Waterman Ave.,**

17. (a) **Interment.** (b) Date thereof **1/8/47.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **#7233 Delmar Bl'vd.,**

19. (a) **JAN 7 1947** (b) **J. B. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan'y** day **6th,**
year **1947.** hour **9:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **Dec 12** 19**46,** to **Jan 6** 19**47;**
that I last saw him alive on **Jan 6** 19**47;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **arterio sclerosis general**

Due to _____

Other conditions **PH**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **sclerosis of coronary vessels Pulmonary infarcts**

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 **Wallis Fiskeel** (M. D. or other) **0**

Address **3720 Louisiana Ave** Date signed **1-7-47**

Duration **25 Days**

10 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Dr Walter Fischel,
3720 Washington Blvd.,
JE: 8498.
2-4-

Wed 2

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 *Raymond L. Morris*
Licensed Embalmer No. *4330*
P. O. Address *Maplewood - W*

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.