30 1940

FILED FEB 3

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

3888
Do not use this space.

1940 3

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 784
(b) Township or (c) City Jefferson Barracks (d) Street No. Veterans Administration Facility St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
Primary Registration District No. 200 Registered No. 200
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter BUGG.
(a) Residence, No. St. 220 N. 5th St., E.St.Louis,Ills.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Callie Bugg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 15, 1882

7. AGE: Years 57 | Months 1 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Freight Handler
9. Industry or business in which work was done, as 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) Hendersonville, Tennessee.

FATHER
13. NAME Wash Bugg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

MOTHER
15. MAIDEN NAME Clara Stanford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

17. INFORMANT Mrs. Clinnie Bugg, VAF, Jeff. Bks., Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery 1/30/40 19

19. FUNERAL DIRECTOR (NAME) Gates Funeral Home.
(ADDRESS) 4107 Finney Ave. St. Louis, Mo.

20. FILED JAN 30 1940 R. Meyer Mehlbe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1940, 19..., to Jan. 25, 1940., 19... I last saw him alive on Jan. 25, 1940, 19... Death is said to have occurred on the date stated above, at 5:55 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease with moderate cardiac enlargement, myocardial damage, myocardial insufficiency and aortic aneurysm.	Unkn.
Other contributory causes of importance: none.	Unkn.

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Name of operation none Date of
What test confirmed diagnosis? phys. exam Was there an autopsy? YES.
lab. tests, x-rays, autopsy findings.

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) C.W.HUGHES,M.D., M. D.
(Address) Chief Medical Officer, VAF, Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.