

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.

JAN 22 1941

State File No. _____

Registration District No. 681

Primary Registration District No. 4534

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Warren
 (b) City or town Warrenton, Mt. Lebanon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days 3

3. (a) PRINT FULL NAME August Henry Buggrebe

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 8 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 25 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Machinist

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Buggrebe

13. Birthplace Germany Germany
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Schubert

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. H. Buggrebe

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof Dec. 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon, Mo.

18. (a) Signature of funeral director Nieburg & Co.

(b) Address Wright City, Mo.

19. (a) Dec 7, 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
 (c) City or town Wright City, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
 year 1940 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 16
 _____, 1940, to Dec 2, 1940
 that I last saw him alive on Dec 2, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Lame Duration 16 days

Due to Chronic Cardiac vascular 10 years
renal disease

Due to Ulcer & embolus 16 days

Other conditions (include pregnancy within 3 months of death) 2

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 Charles Garcia (M. D. or other) _____
 Address Warrenton, Mo. Date signed 12/3/40

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.....

Julius J. Nieburg

Licensed Embalmer No.....

33660

P. O. Address.....

Wright City Mo

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, above space should be left blank.