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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 645

FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 645

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. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 2617
(If outside city or town limits, write "RURAL")

(d) Street No. 1905a Sullivan ave 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 0 years.

3. (a) PRINT FULL NAME Pete Bugala

3. (b) If veteran, name war no

3. (c) Social Security No. —

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. 22 (Month) 1866 (Day) (Year)

8. AGE: Years 74 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Rushi Hangary (City, town, or county) 87 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business unknown

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs M Kruskin
(b) Address 1905a Sullivan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Beiderwieden funeral home
(b) Address 1936 St Louis Ave

19. (a) JAN 21 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19, year 1941 hour 11:15 minute P. M.

21. I hereby certify that I attended the deceased from January 16, 1941, to January 19, 1941; that I last saw him alive on January 19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Gongrene L foot
Diabetes Mellitus

Due to

Due to

Other conditions Cardiac decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? Means of injury?

23. Signature Wm H. Elliott (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 1/20/41

(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.