

No. 2  
1-4-41  
-17-39  
X26390

FILED SEP 8 1941

Registration District No. 784

Primary Registration District No. 100

Registrar's No. 1809

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Carondelet Washp

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

(d) Length of stay: In hospital or institution 101 days  
(Specify whether years, months or days) Five

In this community Five  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3652 Cook (4-1/2 blocks new address)  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LADORAH BUGGS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. yes, Not Known

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29, 1941  
year \_\_\_\_\_ hour 11:52 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from July 1, 1941  
to August 29, 1941  
that I last saw her alive on August 29, 1941  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race N 6. (a) Single, widowed, married  
divorced \_\_\_\_\_

6. (b) Name of husband or wife Wiley Buggs 6. (c) Age of husband or wife if  
alive 7 years

7. Birth date of deceased April 19 1913  
(Month) (Day) (Year)

Immediate cause of death  
Chronic Pulmonary Tuberculosis  
Intestinal Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 13 yr

Major findings: Of operations \_\_\_\_\_

Of autopsy Chronic Pulmonary Tbc  
Intestinal Tbc

Duration 1 yr

8. AGE: Years Months Days If less than one day  
28 4 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation Laundress

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Emanuel Hamblin

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

14. Maiden name Mattie Thomas

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

16. (a) Informant Patient & Husband

(b) Address 3652 Cook, St. Louis

17. (a) Removal (b) Date thereof 9-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton, Miss

18. (a) Signature of funeral director Bernie Stone

(b) Address 3103 Washington

19. (a) SEP 2 1941 (b) C. H. Mc Gowan  
(File received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. L. & D. Rowland (M: D. or other) O

Address Koch Hospital Date signed 8-30-41

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

**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 *Melvin Blackman*.....

Licensed Embalmer No. *3962*.....

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.**