

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 1 day
(Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4058 Aldine
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Lawrence Buggs

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

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucille Buggs
6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Nov 20th 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 0 29 hr. min.

9. Birthplace Mason Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
12. Name Ross Buggs
13. Birthplace Mason Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Martin
15. Birthplace Mason Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Buggs
(b) Address 4058^a Aldine St

17. (a) Burial (b) Date thereof 12-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) DEC 23 1943 (b) J. J. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19,
year 1943 hour 5 minute 15 a. m.

21. I hereby certify that I attended the deceased from November 18,
1943 to December 19, 1943;
that I last saw him alive on December 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unk.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 J. J. Brudick (M. D.)

Address 2601 Whittier Date signed 12/24/43

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

JUL 23 1951

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 myself

Lonnie Baykin, Registered Apprentice No. _____
working under my personal supervision.

Signed Lonnie Baykin

Licensed Embalmer No. 2946

P. O. Address St Louis 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, fact should be so stated above.