

FILED DEC 22 1943 818

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10852

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 5 days
(Specify whether _____)
In this community 20 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. 1807a Garrison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Buggs

3. (b) If veteran, name war none 3. (c) Social Security No. 492-24-5904

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Buggs, 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 5th, 1898.
(Month) (Day) (Year)

8. AGE: Years 45 Months 0 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic,

11. Industry or business House Maid,

12. Name James Beasley,

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

14. Maiden name Alice Brown,

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

16. (a) Informant Anna Belle Brown

(b) Address 2843 Howard, St. Louis, Mo.

17. (a) Burial (b) Date thereof Dec 11-43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemtry.

18. (a) Signature of funeral director _____

(b) Address 2812 Thomas, St. Louis, Mo.

19. (a) DEC 9 1943 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 5,
year 1943 hour 2 minute 00 P. M.
21. I hereby certify that I attended the deceased from Sept. 30,
19 43 to December 5, 19 43
that I last saw her alive on December 5, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right breast with metastasis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

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. M. Mackeord (M. D. or other) _____

Address 261 W. 10th St. Date signed 12/6/43

Duration Unk.

PHYSICIAN Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
W. H. Hester

Licensed Embalmer No. *2266*

P. O. Address *2812 Thomas 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.