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V. 5-17-39
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34980

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 7 1946

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 9046

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Deaconess Hospital
(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)

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. 1107a Sidney Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY BUGEL

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theodore F. Bugel 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased August 15-1901
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Rydzyk
13. Birthplace Austria
14. Maiden name Anastasia Hatala
15. Birthplace Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore F. Bugel
(b) Address 1107a Sidney Street

17. (a) Burial (b) Date thereof 10-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm C. Moyall
(b) Address 1926 Allen Avenue

19. (a) OCT 22 1946 (b) J. F. Bredek
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th
year 1946 hour 3 minute 25 A. M.
21. I hereby certify that I attended the deceased from January 15th,
1946 to October 19th, 1946;
that I last saw her alive on Oct. 18th, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Thrombosis
Due to Phlebitis of saphenous veins
following subtotal hysterectomy

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: fibroid uterus
Of operations _____
Of autopsy _____
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? _____ (e) Means of injury _____
23. Signature C. G. W Jungk (M. D. or other) _____
Address 2278 S. Jefferson Date signed 10-21-46

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

34980

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

Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.