

FILED

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

MAR 11 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2155**

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:
Union & Florissant Aves. (Waiting for
(If not in hospital or institution, give street number and location)
Car)
 (d) Length of stay..... **3** (Specify whether
in this community..... **Life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **0-0-0**
 (c) City or town..... **St. Louis** **7-17**
(If outside city or town limits, write "RURAL")
 (d) Street No..... **5439 Geraldine Ave.** **8**
(If rural, give location) **0**
 (e) Citizen of foreign country?..... **No** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **James P. Buggy**

3. (b) If veteran, name war..... **No**
 3. (c) Social Security No..... **494-10-7019**

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

6. (b) Name of husband or wife..... **Nellie Buggy**

6. (c) Age of husband or wife if alive..... **65** years
 7. Birth date of deceased..... **February 19, 1881.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	0	12	hr. min.

9. Birthplace..... **St. Louis, Missouri.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Gas Fitter**

11. Industry or business..... **Gas Co.**

12. Name..... **Unknown**

13. Birthplace..... **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Nellie Buggy**

(b) Address..... **5439 Geraldine Ave.**

17. (a) **Burial** (b) Date thereof..... **Mar. 4, 1947.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Calvin F. Feutz**

(b) Address..... **4828 Natural Bridge Blvd.**

19. (a) **MAR 3 1947** (b) **J. F. Buderik**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1**,
 year..... **1947** hour **7:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **Feb 1**
 19 **47** to **Mar. 1** 19 **47**
 that I last saw him alive on **Feb 24** 19 **47**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Sclerosis Dist
 Due to..... **known**

Due to.....
 Other conditions..... **9A**
(Include pregnancy within 3 months of death)

Major findings:.....
 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?

While at work?.....
(Specify type of place) (c) Means of injury

23. Signature..... **R.R. McCarroll** (M. D. or other) **MD**
 Address..... **5330 Geraldine** signed **3/3/47**

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..... *Ralph C. Linders*
Licensed Embalmer No. *4275*
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.