

S. No. 300  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41324  
State File No. \_\_\_\_\_  
10870  
Registrar's No. \_\_\_\_\_

FILED JAN 11 1949

1003

Registration District No. 319

Primary Registration District No. \_\_\_\_\_

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

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: Barnes Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
One hour

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Nettie Maude Bugg

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 Norman L. Bugg 6. (c) Age of husband or wife if alive 69

7. Birth date of deceased: Jan - 17 - 1880  
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 26 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation housewife

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

MOTHER FATHER

12. Name Nicolas Apelian

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

14. Maiden name Mary Coleman

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

16. (a) Informant Mrs Maurice Malin

(b) Address 6301 Southwood

17. (a) Burial (b) Date thereof 12-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farrington mo

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) DEC 16 1948 (b) J. B. Desater  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Clayton  
(If outside city or town limits, write "RURAL")

(d) Street No. 6301 Southwood  
N.R. (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day March  
year 1948 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from May  
\_\_\_\_\_, 1947, to June, 1947;

that I last saw her alive on June, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration \_\_\_\_\_

Due to myocarditis 10 yrs.

Due to chronic cardiac  
valvular disease 10 yrs.

Other conditions \_\_\_\_\_  
(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? H.F. Brooks (Specify type of place) (Specify type of injury)

23. Signature J. B. Desater (M. D. or other) \_\_\_\_\_  
Address University City Mo Date signed 12/13/48

JUN 11 1953

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**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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address 4104 Manchester

**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.**