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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2632

BIRTH NO. FILED FEB 10 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0932

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place): 3½ Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Jennings (St. Louis) 4/13/8
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 8916 Huiskamp Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Charlie
b. (Middle): William
c. (Last): Bugg

4. DATE OF DEATH (Month) (Day) (Year): 1-27-54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: May 17, 1890
9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman R.R.
10b. KIND OF BUSINESS OR INDUSTRY: Terminal R.R.
11. BIRTHPLACE (City and State or Foreign Country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Bugg
13b. MOTHER'S MAIDEN NAME: Mary Baker
14. NAME OF HUSBAND OR WIFE: Mrs. Laura Bugg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 702-12-6133
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs Laura Bugg, 8916 Huiskamp Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abscess of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorrhagic Pancreatitis — 4 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3 Nov 53
19b. MAJOR FINDINGS OF OPERATION: abscess of Pancreas
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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22. *I hereby certify that I attended the deceased from* 10 Oct, 1953, *to* 1-27, 1954, *that I last saw the deceased alive on* 1-27, 1954, *and that death occurred at* 7:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Pennington MD
23b. ADDRESS: 607 N Grand
23c. DATE SIGNED: 1-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-1-1954
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: JAN 29 1954
REGISTRAR'S SIGNATURE: J. Carl Smith MD
MGB

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Math. Hermann & Son Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.