

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28799

FILED AUG 20 1954

State File No.
Registrar's No. 6822

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Normandy	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		e. STREET ADDRESS (If rural, give location) 7119 Edison Ave	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Hudson	b. (Middle) Harvey	c. (Last) Bugele	(Month) July	(Day) 21	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23 1880		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Carson Furniture Cabinet Maker		11. BIRTHPLACE (City and State or Foreign Country) Webster Co Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George Bugele	13b. MOTHER'S MAIDEN NAME Alice Platte	14. NAME OF HUSBAND OR WIFE Maud Eagle nee Henderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-01-3762	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Hudson H. Bugele 7119 Edison Ave 20

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	MEDICAL CERTIFICATION Arteriosclerotic Heart Disease		2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Buerger's Disease Cerebral Hemorrhage		3 yrs 2 yrs	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none 4200

22. I hereby certify that I attended the deceased from **June 1952** to **7-21**, 1954, that I last saw the deceased alive on **7-21**, 1954, and that death occurred at **9 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. Steche	(Degree or title) M.D.	23b. ADDRESS 7124 Natural Bridge	23c. DATE SIGNED 7-23-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 26 1954	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Futz / 4828 Nat Bridge
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S.D. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph E. Funder*

Licensed Embalmer No..... 42

P. O. Address..... *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.