

FILED AUG 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28800

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7196**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST LOUIS**  
c. LENGTH OF STAY (In this place) **17 DAYS**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **MISSOURI BAPTIST HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MISSOURI** b. COUNTY **ST LOUIS**  
c. CITY OR TOWN **OVERLAND 23**  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) **2428 SPENCER**

3. NAME OF DECEASED (First) **JOHANNA** (Middle) **BUGELE** (Last) \_\_\_\_\_  
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) **AUG 1 1954**  
5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **JUNE 14 1871** 9. AGE (In years) (Month) (Day) **83** IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) **HOUSEWORK** 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME** 11. BIRTHPLACE (City and State or Foreign Country) **GERMANY** 12. CITIZEN OF WHAT COUNTRY **U.S.B.**

13a. FATHER'S NAME **CARL BREITENBACH** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **GEORGE BUGELE (DEAD)**

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. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **MAX HUSMAN** ADDRESS **2428 SPENCER**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Hemiplegia** INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Hypertension**  
DUE TO (c) **arteriosclerosis**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_ **331 X**

22. I hereby certify that I attended the deceased from **July 13, 1954**, to **Aug 1, 1954**, that I last saw the deceased alive on **Aug 1, 1954**, and that death occurred at **J.P.P.** m., from the causes and on the date stated above.

23a. SIGNATURE **A. J. Merklin M.D.** (Degree or title) 23b. ADDRESS **3507 Robson** 23c. DATE SIGNED **8-3-54**

24a. BURIAL, CREMATION, OR OTHER DISPOSAL **BURIAL** 24b. DATE **8-4-54** 24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 24d. LOCATION (City, town, or county) (State) **Wentzville MO**

DATE REC'D BY LOCAL REG. **AUG 4 1954** REGISTRAR'S SIGNATURE **Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Earl Hellemann** ADDRESS **Overland rd**

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.....  
*Ernest J. Allen*

Licensed Embalmer No. *350*

P. O. Address *Deland*

**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.**