

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17641

State File No.

FILED MAY 25 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4470**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 40 yrs.	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS 4218 Evans	21190

3. NAME OF DECEASED (Type or Print) a. (First) Manuel b. (Middle) c. (Last) Buggs			4. DATE OF DEATH (Month) (Day) (Year) 5 7 56		
5. SEX MALE	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 2, 1888		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice Dealer		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and State or Foreign Country) Pulaski, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jeff Buggs		13b. MOTHER'S MAIDEN NAME Maggie Rose		14. NAME OF HUSBAND OR WIFE Mollie Buggs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. WW I		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mollie Buggs, 4218 Evans	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Digitalis Intoxication of Heart		II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Heart Disease			Undet.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4-26-1956**, to **5-7-1956**, that I last saw the deceased alive on **5-7-1956**, and that death occurred at **3:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward B. Williams, M.D.		23b. ADDRESS 2601 N. Whittier St.		23c. DATE SIGNED 5-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/11/1956		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
DATE REC'D BY LOCAL REG. MAY 8 1956		REGISTRAR'S SIGNATURE Charles J. Gates		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates, 4107 Finney Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

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 *Arthur L. Halliard*.....

Licensed Embalmer No. 4221.....

P. O. Address 4107 Finney.....

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.