

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006945

STATE FILE NUMBER

FILED MAR 2 1959

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

Register No. 1538

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DOA City Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>4244 Washington</i>	
Length of stay in 1b		Decide on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Belle Bugg</i>			4. DATE OF DEATH <i>Feb. 10 1959</i>
5. SEX <i>Female</i> 6. COLOR OR RACE <i>Negro</i>			7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH <i>30 July 1934</i>			9. AGE (In years last birthday) <i>24</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Sauer Bag Co.</i>
11. BIRTHPLACE (City and state or country) <i>Houlka Miss.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Weston Fox</i>		13b. MOTHER'S MAIDEN NAME <i>Manie Steven</i>	
14. NAME OF HUSBAND OR WIFE <i>Lee Anther Bugg</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no or unknown) (If yes, give dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT <i>Lee Anther Bugg</i> Address <i>4244 Washington</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Suffocation</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			<i>9340 HR</i>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. WHERE AND HOW INJURY OCCURRED (Enter nature of injury in PART I of item 18.) <i>supported on pipe struck by torpedo on February 10th 1959 about 220 am.</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>2:10 1959</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>192 Home</i>		20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>	
21. I attended the deceased from _____ and last saw her alive on _____		Death occurred at <i>1143 P.</i> m of the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree of title) <i>Deputy Coroner</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. NAME OF CEMETERY OR CREMATORY		22d. DATE SIGNED <i>2/13/59</i>	
23. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23a. DATE <i>13 Feb. 1959</i>	
23b. NAME OF CEMETERY OR CREMATORY		23c. LOCATION (City, town, or county) (State) <i>Tupelo Mississippi</i>	
24. FUNERAL DIRECTOR <i>Reliable Funeral Sys. 1389N. Union</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 13 59</i>	
26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John K Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *2405 Main*

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.