

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		c. CITY OR TOWN <b>St. Louis,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jewish Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>5117 Wilson Ave</b>	

3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>J.</b> Last <b>BUGOCI</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>29th,</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-20-1892</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stove Mounter -Retd 4yrs</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Magic Chef</b>	11. BIRTHPLACE (City and state or country) <b>Hungary (N.C.)</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Bugoci</b>	13b. MOTHER'S MAIDEN NAME <b>Theresa Toth</b>	14. NAME OF HUSBAND OR WIFE <b>Nellie Bugoci</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>W. War #1 &amp; 2 489-05-5761-A</b>	17. INFORMANT <b>Nellie E. Bugoci-5117 Wilson Ave.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b> <b>5 yrs</b>
IMMEDIATE CAUSE (a)	<b>Coronary Thrombosis</b>	
DUE TO (b)	<b>Arteriosclerotic Heart Disease</b>	
DUE TO (c)	<b>F 420.0</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Burgers Disease</b>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> DOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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.)	20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	COUNTY <b>Mo.</b>	STATE
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21. I attended the deceased from **2-20-48** to **9-29-60** and last saw <sup>him</sup> alive on **9-29-60**  
Death occurred at **6:05 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Samuel D. Smith, M.D.</i>	(Degree or title)	22b. ADDRESS <b>106 No Euclid</b>	22c. DATE SIGNED <b>9-30-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 3, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis</b>	(State) <b>Mo.</b>
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24. FUNERAL DIRECTOR <b>Kriegshauser-4228 S.Kingshighway Blvd,</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>SEP 30 1960</b>	26. REGISTRAR'S SIGNATURE <i>Samuel D. Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R.W. Storrsand

Licensed Embalmer No. 4007

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.