. No. 2
-11-10-39
5-17-39
-1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32960

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 169

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 902 S. Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits write "RURAL")

(d) Street No. 902 S. Main St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sophia Pujol

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John F. Pujol

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 2 (Day) 1858 (Year)

8. AGE: Years 82 Months 1 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name William Bunsch

13. Birthplace Hamburg (City, town, or county) Germany (State or foreign country)

14. Maiden name Sophia Falk

15. Birthplace — (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Peter Boschert

(b) Address 902 S. Main - St. Charles, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem. Chesterfield, Mo

18. (a) Signature of funeral director H. C. Dellmann & Son

(b) Address 800 N. Second, St. Charles, Mo

19. (a) 10/1/40 (Date received local registrar) (b) Clarence G. Hessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30 year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 1-1939 to Sept. 30, 1940; that I last saw her alive on Sept. 29, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrosis of Liver — Duration 2 yrs

Due to Hepatitis — Duration 2 yrs

Due to 1941

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature T. R. Hankins (M. D. or other)

Address St. Charles, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.