

FILED JUN 1 1948 18

4832

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County ST. LOUIS
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution H 980 THOLOZAN 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 MONTH (Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME

SOPHIE ASSAF BUNKLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. 132-10-3078

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOW
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased ABOUT 1874
 (Month) (Day) (Year)

8. AGE: Years ABOUT 70 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace SYRIA
(City, town, or county) (State or foreign country)10. Usual occupation SALESLADY

11. Industry or business _____

- MOTHER { 12. Name Unknown
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sally Bessell(b) Address 4980 Tholozan17. (a) Burial (b) Date thereof 5/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Scranton Pa
Thos. Kutler & Son

18. (a) Signature of funeral director _____

(b) Address 2906 Groves19. (a) MAY 31 1948 (Date received local registrar) J. F. Buresch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State NEW YORK (b) County BR
 (c) City or town BROOKLYN
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5820 7th AVE (If rural, give location) NR.
 (e) If foreign born, how long in U. S. A.? 45 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1940 hour 5 minute 10 P. M.21. I hereby certify that I attended the deceased from May 1st, 1944 to May 26th, 1944 that I last saw him alive on 5-26, 1944 and that death occurred on the date and hour stated above.Immediate cause of death Valvular Lesions - Chronic Cardiac

Due to _____

Due to _____

Other conditions 1/2
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 A. Bouhain (M. D. or other)Address 2355 Lafayette Date signed 5/24/48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed David Ray Jones
Licensed Embalmer No. 4242
P. O. Address 2906 Gavois A

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