

MAR 18 1936

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

5350

1. PLACE OF DEATH

 County Franklin
 Township Boles
 City (No. _____) _____ St. _____ Ward _____

 Registration District No. 5411
 Primary Registration District No. 293

 File No. _____
 Registered No. _____

2. FULL NAME

 (a) Residence, No. Charles Brueckner _____ St. _____ Ward _____
 (Usual place of abode) Pacific Mo. #1 St.

 Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Ossensart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-26-1856
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
79 11 20

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

 10. Date deceased last worked at this occupation (month and year) Feb-1-1936 11. Total time (years) spent in this occupation 50
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Franklin Mo13. NAME Nicholas Brueckner14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Germany15. MAIDEN NAME Elizabeth Mueller16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Germany17. INFORMANT Wm. Pollia (ADDRESS) Pacific Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brueckner Private DATE Feb 19 1936
19. UNDERTAKER Schroeder Funeral Home (ADDRESS) Ballwin, Mo.20. FILED 2-22 1936 J. E. Ross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 193622. I HEREBY CERTIFY, That I attended deceased from 15th 1936 to 2-16- 1936.I last saw h. alive on 2-16- 1936. Death is saidto have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Extrem. senility. Date of onset _____Inflammation causedby gastro-intestinal distention.HEART insufficiency

Other contributory causes of importance:

Hypostatic pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

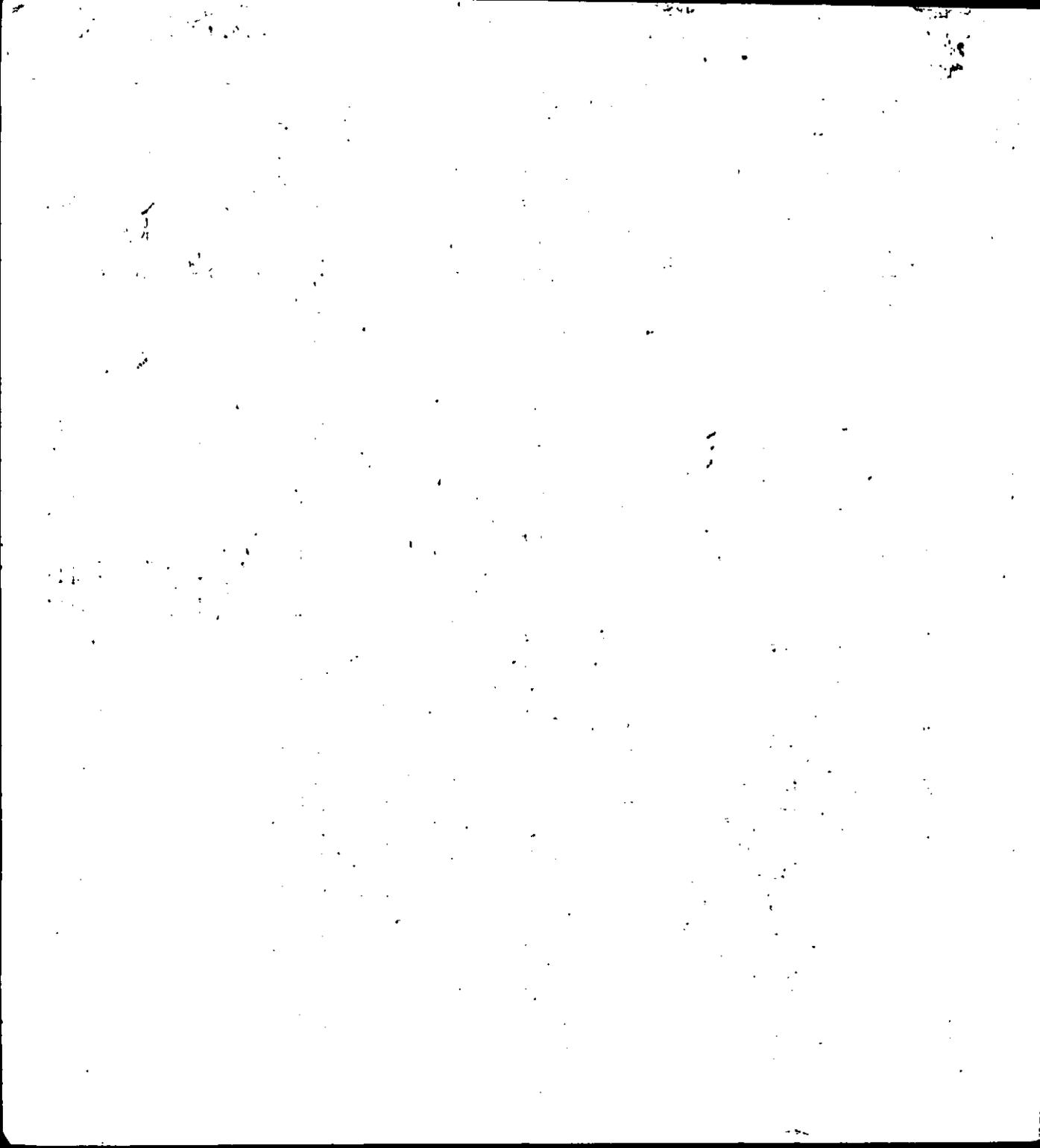
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Desider Ecker, M. D.(Address) Labadie Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Franklin

Registration District No. 293

File No.

Township Boles

Primary Registration District No. 3411

Registered No.

City (No.) St. Ward)

2. FULL NAME

Chas Bueckner

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 79 MONTHS 11 DAYS 20 If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 2-9-36 19... J.E. Gross Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19... Last saw him alive on 19... Death is said

to have occurred on the date stated above, at... m. The principal cause of death and related causes of importance were as follows:

Extreme Senility
Transition caused by
gastro-intestinal dis-
turbance
Heart insufficiency

Other contributory causes of importance:
Gastro-enteritis -
Myocardial insufficiency
Hypertrophic liver & spleen.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dezider Zickler M. D.
Labaddie

SUPPLEMENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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