

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35851
Do not use this space.

RECD NOV 15 1938

1. PLACE OF DEATH

(a) County GasconadeRegistration District No. 303(b) Township RoarkPrimary Registration District No. 5420

Registered No. _____

(c) City _____

(d) Street No. _____

(e) Length of residence in city or town where death occurred 81 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Franklin Benjamin Bruens(a) Residence, No. Gasconade County St. ☐

(Usual place of abode, if no street address, write county or city)

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMinnie Bruens

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

April 4, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

8162

day, hrs.

or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 193011. Total time (years) spent in this occupation. 5012. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hermann
Missouri

FATHER

13. NAME John D. Bruens14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME Jane Kehr16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)Eugene Bruens
Hermann, Missouri RFD

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hermann City DATE Oct 9, 193819. FUNERAL DIRECTOR
(ADDRESS)Hugo H. Blumer
Hermann, Missouri20. FILED 10-10, 1938

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 6 - 1938

22. I HEREBY CERTIFY That I attended deceased from

11-30-1935, 1935, to October 6, 1938I last saw him alive on Oct. 5, 1938, 1938. Death is saidto have occurred on the date stated above, at 4:00 A.M. m.

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

Chronic nephritis

Date of onset

1935

Other contributory causes of importance:

Chronic myocarditis1935

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy no

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

Accident, suicide, or homicide? _____ Date of injury _____, 1938

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) H. Kessling, M. D.(Address) Hermann, Mo

STATEMENT BY LICENSED EMBALMER

I, Hugo H. Blumer, Licensed Embalmer No. 3160

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugo H. Blumer

L. E.

No. 3160 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 3160

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.)