

JAN 12 1940

Registration District No. 781

Primary Registration District No. \_\_\_\_\_

Registrar's No. 11209

1. PLACE OF DEATH: 1003  
(a) County 3  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4168 Maryland Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 652

8. (a) PRINT FULL NAME Benjamin Franklin Bruns.  
3. (b) If veteran, name war None  
3. (c) Social Security No. 488-18-1656

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Martha L. Bruns. 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased February 19, 1869.  
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Charles, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Printer, United Drug Co.

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name John W. Bruns.  
13. Birthplace St. Charles Co, Missouri.  
(City, town, or county) (State or foreign country)  
14. Maiden name Fredericka Poncin.  
15. Birthplace O'Fallon, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Leliaetta Bruns  
(b) Address 5924a Page Ave.

17. (a) Burial (b) Date thereof 12-30-1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.  
(b) Address 5966-68 Easton Ave.

19. (a) DEC 29 1939 (b) J. P. Brudish  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5924a Page Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 th.  
year 1939 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Primary leukemia

Due to leukemia

Other conditions \_\_\_\_\_

(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury H

28. Signature Joseph M. Bruns (M. D. or other)

Address Deputy Coroner Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

**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 3454

David C. Gibson .....; Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address .....

**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.**