

Summoned



Kentucky Post - September 26, 1938

AUNT OF DOCTOR SCHWERTMAN DIES

Mrs. H. B. Brungs
Survived by 6 Sons

Funeral services for Mrs. Helena Benzinger Brungs, aunt of Dr. A. J. Schwertman, Covington, are to be held at 8:30 a. m. Wednesday at the home at 1714 Holman street, Covington.

Requiem High Mass follows at 9 a. m. at the St. Mary Cathedral. Burial will be in St. Mary Cemetery, Morningview. She was 76.

Mrs. Brungs, who died Monday, was a member of the Sacred Heart League and the Altar Society of the St. Mary Cathedral. She was the widow of William Brungs Sr.

Six sons, Bernard, G. Joseph, Paul, Albert, Adolph and William Jr.; two daughters, Elenore and Helen, and 16 grandchildren survive. In addition she leaves one brother, Chris, and four sisters, Mrs. Elizabeth Rice, Mrs. John Schnorbüs, Mrs. Clem Pater and Mrs. John Pater Sr.

Henry Linnemann Sons are in charge.

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Requiem High Mass for Mrs. Helena Benzinger Brungs, aunt of Dr. A. J. Schwertman, will be sung at 9 a. m. Wednesday at St. Mary Cathedral, Covington.

She died Sunday at her home, 1714 Holman street, Covington. Mrs. Brungs was the widow of William Brungs Sr. She leaves six sons, two daughters, a brother, four sisters and 16 grandchildren. She was 76.

Services will be held at 8:30 a. m. Wednesday at the home, with Henry Linnemann Sons, Covington funeral directors, in charge. Burial will be in St. Mary Cemetery, Morning View, Ky.

Brungs, Helena Benzinger 1861 - 1938



22588

Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Newton Registration District No. 790 File No. _____
 Vet. Post _____ Primary Registration District No. 2290 Registered No. _____
 Inc. Town _____
 City Covington (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Helena Brungs IF VETERAN, WHAT WAR? _____
 (a) Residence, No. 1714 Holman St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>			21. DATE OF DEATH <u>Sept 25</u> , 19 <u>38</u>	
6. DATE OF BIRTH <u>Sept 17</u> , 18 <u>61</u>				7. AGE Years <u>77</u> Months <u>-</u> Days <u>8</u>	22. I HEREBY CERTIFY that I attended deceased from <u>Sept 27</u> , 19 <u>38</u> to <u>Sept 28</u> , 19 <u>38</u> I last saw her alive on <u>Sept 26</u> , 19 <u>38</u> , death is said to have occurred on the date stated above, at <u>10:4</u> m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Art. - silent</u> <u>Heart Disease</u> <u>59-77</u> Date of onset <u>7 yrs</u>	
8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. <u>House Work</u>				9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>at home</u>		
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation		
12. BIRTHPLACE <u>Covington Ky</u>						
13. NAME <u>Bernard Benzinger</u>						
14. BIRTHPLACE <u>Germany</u>						
15. MAIDEN NAME <u>Caroline Berman</u>						
16. BIRTHPLACE <u>Germany</u>						
17. INFORMANT <u>Miss Eleonore Brungs</u> (Address) <u>1714 Holman St.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. Marys</u> Date <u>Sept 27</u> , 19 <u>38</u>						
19. UNDERTAKER <u>H. Zimmerman & Sons</u> (Address) <u>Covington Ky</u>						
20. FILED <u>SEP 26 1938</u> <u>Mrs. H. E. White</u> Registrar (Address) <u>Covington, Ky</u>						
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.						
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____						

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.