No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Wills 21177

State File No.

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 424

39
2
6

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. 0 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene 2
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 422 S. Main
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph F. Brenneisen
3. (b) If veteran, name war no
3. (c) Social Security No. 491-03-4375
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ~~[illegible]~~ years
7. Birth date of deceased Oct. (Month) 17 (Day) 1877 (Year)

8. AGE: Years 64 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Jefferson City Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Tmpkr.
11. Industry or business Oberman & Co.
FATHER
12. Name Frank Brenneisen
13. Birthplace Baden Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Flick 5
15. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ed. J. Rodeman
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 6-2-42 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1942 hour 8 minute 40 a.M.
21. I hereby certify that I attended the deceased from May 23, 1942, to June 2, 1942
that I last saw him alive on June 2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prostatic Hypertrophy
Due to Post operative Thrombosis of heart
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations 25 grams tissue removed by Section
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 0
23. Signature [signature] (M. D. or other)
Address Hallank Bl Date signed 6/2/42

984

(Licensed Embalmer's Statement on Reverse Side)

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. Walter E. Franklin

Licensed Embalmer No. 3808

P. O. Address Springfield Mo.

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, fact should be so stated above.