

No. 2  
12-45  
17-39  
X47070

FILED FEB 28 1948

2000

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

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

State File No. \_\_\_\_\_

Registrar's No. 114

1. PLACE OF DEATH: Greene

(a) County: Greene

(b) City or town: Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Medical Arts Bldg. 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 16 Years (Specify whether years, months or days)

In this community: \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield 2  
(If outside city or town limits, write "RURAL")

(d) Street No.: 870 E. Loren 6  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: George W. Breitenstein

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No.: No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6  
year 1947 hour 12 minute 40 p. M.

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ann Breitenstein

6. (c) Age of husband or wife if alive: \_\_\_\_\_ years

7. Birth date of deceased: Jan. 13 1902  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-17, 1944, to 2-6, 1947;  
that I last saw him alive on Jan 15, 1947;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>0</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death: Cerebral Coronary Occlusion

Due to: Coronary Sclerosis

Due to: \_\_\_\_\_

Duration

Very few with 2 year

9. Birthplace: Aurora Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Dentist

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business: \_\_\_\_\_

12. Name: Simon Peter

13. Birthplace: Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Rockachlofer

15. Birthplace: Ohio  
(City, town, or county) (State or foreign country)

Major findings: none 94A

Of operations: \_\_\_\_\_

Of autopsy: none

PHYSICIAN: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant: Mrs. Ann Breitenstein

(b) Address: Springfield, Mo.

17. (a) Burial (b) Date thereof: 2/8/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Mary

18. (a) Signature of funeral director: H.H. Lohmeyer

(b) Address: Springfield, MO.

19. (a) 2-8-47 (b) H.H. Lohmeyer md  
(Date received local registrar) (Registrar's signature)

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 on or about home, on farm, in industrial place, in public place? In place of home

While at work: \_\_\_\_\_ (Specify type of place) Means of injury: \_\_\_\_\_

23. Signature: E.S. [unclear] (M. D. or other) \_\_\_\_\_

Address: Springfield Mo Date signed: 2/7/47

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

MOTHER FATHER

111

*Glenn Currier*  
*Superintendent*

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**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 *Roy H. Mercer, Jr.*  
Licensed Embalmer No. *4432*  
P. O. Address *Springfield, MA*

**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.**