

ED MAR 6 1943

Registration District No. 318

Primary Registration District No. 2000

1. PLACE OF DEATH:

(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:
O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County Kings
(c) City or town Brooklyn
(If outside city or town limits, write "RURAL")
(d) Street No. 365 St. John's Place
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany 1 2

3. (a) PRINT FULL NAME JUSTIN FORCHHEIMER

3. (b) If veteran, name war None
3. (c) Social Security No. 105-16-8762

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Gretel Forchheimer
6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased October 21 1912
(Month) (Day) (Year)

8. AGE: Years 30 Months 4 Days 7
If less than one day hr. min.

9. Birthplace Schweinfurt Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Manager

11. Industry or business Furniture

MOTHER FATHER {
12. Name Benno Forchheimer
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lina Sichel
15. Birthplace Grünsfeld Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gretel Forchheimer
(b) Address 80 1st Washington ave. apt 45
17. (a) Removal (Burial, cremation, or removal) Bronx, New York
(b) Date thereof Feb. 28, 1943
(Month) (Day) (Year)

18. (a) Signature of funeral director Dr. J. J. ...
(b) Address Springfield, Mo
19. (a) 3-1-1943 (Date received local registrar)
(b) J. J. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1943 hour 2 minute 05 A. M.

21. I hereby certify that I attended the deceased from February 25, 1943 to February 28, 1943
that I last saw him alive on February 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia, aplastic
Duration 1 mo.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Confirmation of above diagnosis.
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? _____

23. Signature [Signature] (M. D. or other) _____
Address O'Reilly Gen Hosp Date signed 3-1-43

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

H

984

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..... *Lewis G. Scherpf*.....
Licensed Embalmer No. *3892*
P. O. Address *Springfield 7*

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.