

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

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.

Registration District No. 22

Primary Registration District No. 3009

State File No. _____

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis
(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) 0 11

8. (a) PRINT FULL NAME William Joseph WEISbrod

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 26 1869
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 28 If less than one day
hr. _____ min. _____

9. Birthplace Appleton, W. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Army

11. Industry or business _____

MOTHER FATHER { 12. Name Fredrick Weisbrod

13. Birthplace St. Germain
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Koane

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

16. (a) Informant's own signature Fred Brown

(b) Address Biehle MO

17. (a) Burial (b) Date thereof Feb 26 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marie Cemetery

18. (a) Signature of funeral director W. Macke Wilson State

(b) Address Jackson 2416

19. (a) 2-23-48 (b) Jim Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 1948
year 1948 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from 2/20, 1948, to 2/23, 1948
that I last saw him alive on 2/23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death APOTAXIC PARALYSIS

Due to _____

Due to Serbia

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations NONE

Of autopsy NONE

Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Macke Wilson (M. D. or other) Dr

Address Cape Girardeau Date signed 2/23/48

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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.....

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6176**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County. **Cape Girardeau**

(b) City or town. **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) **PRIVILEGE** **William Joseph Weisbrod**
FULL NAME

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH. Month **Feb** day **23** year **1940** hour _____ minute _____ M.

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

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.

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **80** Months **2** Days **28** If less than one day _____ h. _____ min.

Immediate cause of death **Hypostatic Pneumonia**
(Brain bleed)

Due to **Senility**

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

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

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 _____

23. Signature **A. L. Fuerth** (M. D. or other) _____

Address **Cape Girardeau** State **Mo**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

