

FILED MAY 21 1942

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 110

16
1
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In-hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

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

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

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Roy Lee Weibrecht

3. (b) If veteran, name war. 3. (c) Social Security No. None

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 April 2, 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0	0	6hr.min.
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9. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

MOTHER FATHER

12. Name Elmo Weibrecht

13. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sadie Abernathy

15. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elmo Weibrecht

(b) Address Menfro, Mo.

17. (a) Burial (b) Date thereof April 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crosstown Catholic Cem.

18. (a) Signature of funeral director Ben Ammerl Home

(b) Address Perryville, Mo.

19. (a) 4-10-42 (b) J. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 8
year 1942 hour 5 minutes 50 P. M.

21. I hereby certify that I attended the deceased from 4/7 1942, to 4/8 1942; that I last saw him alive on 4/8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Disease
2 Newborn
(bleeding from intestine)
(through rupture)

Due to
Due to

Duration 2 days

Other conditions 1600
(Include pregnancy within 3 months of death)

Major findings: Of operations.

Of 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?

While at work? (Specify type of place)

(e) Means of injury D

23. Signature Chas. J. Herlihy (M. D. or other) D

Address Cape Girardeau, Mo. Date signed 4/10/42

RECEIVED

District Health Officer No. 4
District File Number 542-673
Date Filed 9-18-42

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 ^{not}....., Registered Apprentice No..... working under my personal supervision.

Signed Albert Bey
Licensed Embalmer No. 3866
P. O. Address Perryville, 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.