

S. No. 2
M-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

6663

FILED FEB 26 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 273

Primary Registration District No. 5920

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution Memfro, R. 1.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry 79

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

(d) Street No. Memfro, R. 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Francis Xavier Weisbrod

(b) If veteran, name war _____

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd
year 1946 hour 9:16 minute P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Unterreiner

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May 12, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7, 1945, to January 23rd, 1946.
that I last saw him alive on January 21st, 1946,
and that death occurred on the date and hour stated above.

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

77 8 11 hr. min.

Immediate cause of death Chronic Myocarditis

Duration Times

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

Due to Atherosclerosis

Due to _____

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

10. Usual occupation Farmer

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline (the cause to which death should be charged statistically).

11. Industry or business _____

12. Name Fredrick Weisbrod

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

14. Maiden name Theresa D. Franke

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

16. (a) Informant Mrs. Mary Weisbrod

(b) Address Memfro, Mo. R. 1.

17. (a) Burial (b) Date thereof 1-26-1946
(Burial or cremation) (Month) (Day) (Year)

(c) Place of burial Schnurbruch, Mo.

18. (a) Signature of funeral director Ben [unclear] None

(b) Address Perryville, Mo.

19. (a) Jan 26, 1946 (b) Jose Zalkow
(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 in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) _____

Means of injury 0

23. Signature Theodore Giesler (M. D. or other) M.D.

Address Atterbury, Mo. Date signed 1-25-46

(Licensed Embalmer's Statement on Reverse Side)

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

900

5619

Health Officer No. 4
Subject File Number 246-1764
Date Filed 2-25-46

FEB 27 1946

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

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.