

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(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)

3. (a) PRINT FULL NAME **Fred Edgar Weisbrod**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **490-28-5111**

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

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

7. Birth date of deceased **June 27, 1889**
(Month) (Day) (Year)

8. AGE: Years **57** Months **4** Days **4** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired Police Officer**

11. Industry or business _____

MOTHER FATHER

12. Name **Fred P. Weisbrod**

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

14. Maiden name **Mary Lawrence**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Kitty Weisbrod**

(b) Address **Festus, Missouri Rt. 1**

17. (a) **Burial** (b) Date thereof **11-4-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS Peter & Paul Southern Funeral Home**

18. (a) Signature of funeral director _____
(b) Address **6322 S. Grand Blvd.**

19. (a) **NOV 4 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Festus, NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 1**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1st**
year **1946** hour **5:40a** minute _____ M.

21. I hereby certify that I attended the deceased from **June 1, 1946** to **Nov. 1st 1946**
that I last saw him alive on **October 31st 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion immediately**

Due to **arteriosclerotic heart disease** ?

Due to **gangrene of pt and left leg from embolus 36 hrs**

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

Major findings: Of operations _____
Of autopsy **none**

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) Means of injury _____

23. Signature **D. J. Verda** (M. D. or other) _____
Address **Liter Bldg - 4500 Olive** Date signed **11-2-46**

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

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..... *J. Wm Bentley*.....
Licensed Embalmer No. *3653*.....
P. O. Address..... *St. Louis, 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.