

BIRTH NO. **527** REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salem Township 0790	
c. LENGTH OF STAY (in this place) 4 Days		d. STREET ADDRESS (If rural, give location) Menfro, R.l.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry County Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Lynn b. (Middle) Wayne c. (Last) Weisbrod			4. DATE OF DEATH (Month) (Day) (Year) January 24, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH January 20, 1953	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Cletus Weisbrod		13b. MOTHER'S MAIDEN NAME Mary Meyer Weisbrod		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cletus Weisbrod, Menfro, R.l.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, intra-cranial, probably incurred at birth		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 7 to 00	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-20, 1953**, to **1-24, 1953**, that I last saw the deceased alive on **1-24, 1953** and that death occurred at **A m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS Perryville, Mo.	23c. DATE SIGNED 1-24-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE January 25, 1953	24c. NAME OF CEMETERY OR CREMATORY Crosstown Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Crosstown, Mo.
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DATE REC'D BY LOCAL REG. Jan 25-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Perryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

791
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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, ~~and~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Albert Bey

Licensed Embalmer No. *3866*

P. O. Address *Pearyville, 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.