

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30024**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3012** Registrar's No. **370**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	c. LENGTH OF STAY (in this place) 21 days	c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo. Hospital		e. STREET ADDRESS (If rural, give location) 131 South Hanover Street	

3. NAME OF DECEASED (Type or Print)	a. (First) LEO	b. (Middle) L.	c. (Last) WEISBROD	4. DATE OF DEATH (Month) (Day) (Year) October 4, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 2	IF UNDER 11 HRS. Days 16	Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner, ret.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Old Appleton, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Fred Weisbrod	13b. MOTHER'S MAIDEN NAME Thresa DeFonnie	14. NAME OF HUSBAND OR WIFE Helen Weisbrod
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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. 498-09-9456	17. INFORMANT'S SIGNATURE OR NAME William Balsman	ADDRESS Cape Girardeau, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suppurative Embolism		INTERVAL BETWEEN ONSET AND DEATH 21 minutes
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

19a. DATE OF OPERATION 9/12/54	19b. MAJOR FINDINGS OF OPERATION Benign prostatic hypertrophy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **July 15, 1949** to **Oct 4, 1954**, that I last saw the deceased alive on **Oct 4, 1954**, and that death occurred at **12:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John L. Crowe M.D.	(Degree or title)	23b. ADDRESS Cape Girardeau Mo Oct 7, 1954	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 6, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
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DATE REC'D BY LOCAL REP. 10-8-54	REGISTRAR'S SIGNATURE C. P. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Walter's Funeral Home	ADDRESS Cape Girardeau, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 1 1961

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Virgil H. Kelch*.....
Licensed Embalmer No. *419*.....

P. O. Address *Cape Girardeau*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.