

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**OCT 17 1935**

**30577**

1. PLACE OF DEATH  
 County St. Louis Registration District No. 785  
 Township Bonhomme Primary Registration District No. 6031  
 City (No. ) St. Ward

File No. \_\_\_\_\_  
 Registered No. 162

2. FULL NAME Joseph Weil  
 (a) Residence, No. Fenton, Mo. St. Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Weil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/2/1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 9 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer in Live Stock

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Mike Weil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Agnes Kulhmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Ridge, Mo.

17. INFORMANT Mary Weil  
 (ADDRESS) Fenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Hill DATE 9/17/35

19. UNDERTAKER Kenneth W. Koch  
 (ADDRESS) Fenton, Mo.

20. FILED 9/16 1935 Agnes C. Kelly Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/14/35 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1935, to Sept 14, 1935  
 I last saw him alive on Sept. 14, 1935. Death is said to have occurred on the date stated above, at 12 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral embolus,  
as result of auricular  
fibrillation.

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Number of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No ...  
 If so, specify \_\_\_\_\_

(Signed) Frank F. Duck, M. D.  
 (Address) Fenton, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE EXAMINING WITH AN X-RAY MACHINE THIS IS A PERMANENT RECORD

APR 28 1947

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