

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 16 1945**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 4463

Registrar's No. 2662

1. PLACE OF DEATH

(a) County St. Louis

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

(c) Name of hospital or institution:  
Fenton MO  
(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 AGNES WEIL

3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased Sept 24 1962  
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 26

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rock Crak. (City, town, or county) (State or foreign country) D

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Nicolas Kuhlman

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

14. Maiden name Unknown

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

16. (a) Informant Vernon Weil

(b) Address Fenton MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-44 (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill

18. (a) Signature of funeral director Louis H. Bopp

(b) Address Wesburyville MO

19. (a) DEC 26 1944 (Date received local registrar) (b) E. D. McDevitt (Registrar's signature) address Fenton, MO

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1944 hour \_\_\_\_\_ minute 11:50 A.M.

21. I hereby certify that I attended the deceased from 12/11 1944 to 12/19 1944; that I last saw her alive on 12/19/44, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis and occlusion

Due to Coronary arteriosclerosis

Due to 9/2/4

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury D

Signature Frank Huck (M. D. or other) \_\_\_\_\_

Date signed 12/20/44

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

9600

**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..... *Sam M. Simon*.....  
Licensed Embalmer No. *4343*.....  
P. O. Address..... *7415 Zephyr Pl., Magnolia, Miss.*.....

**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.**