. S. No. 2
DM—8-43
v. 5-17-39
X37623

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7181

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 405

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2444 Northland Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Scott
(c) City or town: Winchester
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: ?

3. (a) PRINT FULL NAME: Agnes B. Oehler
3. (b) If veteran, name war: Nil
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Julius Oehler
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: August (Month) 3 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	6	6	hr. min.

9. Birthplace: Scott County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: James Kengbe
13. Birthplace: Unknown (City, town, or county) Scotland (State or foreign country)
MOTHER 14. Maiden name: Jean Campbell
15. Birthplace: Unknown (City, town, or county) Scotland (State or foreign country)
16. (a) Informant: Mrs. Kathleen Tomsen
(b) Address: 2444 Northland, Overland
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Winchester, Ill.
18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.
19. (a) FEB 12 1945 (Date received local registrar) (b) E. L. Mohrmann M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. n day: 9 year: 1945 hour: 10:45 minute: P. M.
21. I hereby certify that I attended the deceased from Nov 2 1944, 19..., to 2/9-45, 19...; that I last saw her alive on 2-9-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to: Senile Plegia & Dide
Due to:
Other conditions: Chronic nephritis
(Include pregnancy within 3 months of death)
Major findings: Of operations: Nephrectomy
Of autopsy: no

Duration

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): Nov 2-44
(b) Date of occurrence: Fell from chair & fractured left femur
(c) Where did injury occur? Nov 2-1944 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home on farm, at Winchester, Ill.
(Specify type of place)
While at work? (e) Means of injury: Fall
Chas J
M.D. Signature: Dr. F. Hermann (M. D. or other)
Address: 2739 N. Grand Date signed: 3-16-45
St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1945

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 Albert G. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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.