NOV 21 1935

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

Do not use this space.

32352

File No. .....

Registered No. 108

1. PLACE OF DEATH
County Franklin
Township .....
City Washington Mo. , ... St. ..... Ward)

Registration District No. 297
Primary Registration District No. 3016

2. FULL NAME John S Huenzel
(a) Residence, No. 320 W 5th, Washington, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF — (OR) WIFE OF Anna M. Schade

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-17-1872

7. AGE: Years 62 | Months 9 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Warren County Mo.

FATHER
13. NAME Wm. F. Huenzel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County Mo.

MOTHER
15. MAIDEN NAME Anna M. Goeckle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mrs. Jon Rothe
(ADDRESS) Washington Mo. —

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Mo DATE 10-7-35 19

19. UNDERTAKER Otto Mo
(ADDRESS) Washington Mo

20. FILED Oct. 5 — 1935 H. Amoy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Blockage	
coronary embolism	10/4/35
94 hr	

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

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.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) E. L. Worthington Coroner M. D.
(Address) Union 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

100M-11-24-33