

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27333

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL ROOIS TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) NEAR ANTONIA MO	
3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) _____ c. (Last) KUENZLE			4. DATE OF DEATH (Month) (Day) (Year) AUG 11 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 25, 1962
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER	9. AGE (In years last birthday) Months Days 88 0 17
11. BIRTHPLACE (State or foreign country) ST LOUIS COUNTY MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN KUENZLE		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE DEC
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS OTTO KUENZLE KIMMSWICK MO
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis INTERVAL BETWEEN ONSET AND DEATH 5 years ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Symptoms of edema. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4:201	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____ to Aug 11, 1950 , that I last saw the deceased alive on Aug 4th, 1950 , and that death occurred at 7:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Arthur J. Sauer M.D.		23b. ADDRESS Baruchart Mo	23c. DATE SIGNED Aug 12/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 14 1950	24c. NAME OF CEMETERY OR CREMATORY ANTONIA CEMETERY	24d. LOCATION (City, town, or county) (State) ANTONIA MO
DATE REC'D BY LOCAL REG. Aug-14-1950	REGISTRAR'S SIGNATURE Mrs. Ruth Jones	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGT AG FUNERAL HOME KIMMSWICK MO	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 8-21-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Elmer A. Kligtag

Licensed Embalmer No.

3571

P. O. Address

H. Immreich

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.