

REC'D MAR 24 1938

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

8200

Do not use this space.

1. PLACE OF DEATH **St. Louis**
 (a) County **Carondelet** Registration District No. **96**
 (b) Township **Carondelet** Primary Registration District No. **Foot of Mary Ave.** Registered No. **397**
 (c) City **St. Louis** (d) Street No. **Foot of Mary Ave.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Thomas Mernah 6.50**
 (a) Residence, No. **2826 Caroline St.** St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Gwynne Mernah**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 10, 1885**

7. AGE YEARS **52** MONTHS **2** DAYS **21** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **concrete worker**
 9. Industry or business in which work was done, as saw mill, bank, etc. **City of St. Louis**
 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) **Little Rock Arkansas**

FATHER 13. NAME **Thomas P. Mernah**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

MOTHER 15. MAIDEN NAME **Fannie Ray**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

17. INFORMANT (ADDRESS) **Gwynne Mernah 2826 Caroline St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Mar. 5/38**

19. FUNERAL DIRECTOR (ADDRESS) **Fendler Undertaking Co. 7420 Michigan Ave.**

20. FILED **3-4** 19 **38** **J. R. Mays** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 16 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
 I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes, of importance were as follows:

Suicide by Drowning
(Jumped from bridge into Mississippi River)
 Date of onset **1/16/38**

Other contributory causes of importance:

Name of operation **History** Date of...
 What test confirmed diagnosis? **History** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide **Suicide** Date of injury **1/16, 1938**
 Where did injury occur? **St. Louis, Mo.**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **Jumped from bridge**
 Nature of injury **Drowning**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.

(Signed) **John P. Bonnell** M.D.
 (Address) **Former St. Louis County**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

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.)