

241989 REC'D MAR 9 1939

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

7717  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township St. Ferdinand Primary Registration District No. 200 Registered No. 335  
(c) City Bonfils (d) Street No. At St. Charles Bridge 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

526 Daniel D. Meinzer  
(a) Residence, No. Chambers and Balboa St.  Ferguson, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 - - - -  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Struct. IronWk  
9. Industry or business in which work was done, as saw mill, bank, etc. Int. Struct Corp  
10. Date deceased last worked at this occupation (month and year) 2/20/39 11. Total time (years) spent in this occupation 10 yr

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 1939  
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 10 P m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Struct. IronWk  
9. Industry or business in which work was done, as saw mill, bank, etc. Int. Struct Corp  
10. Date deceased last worked at this occupation (month and year) 2/20/39 11. Total time (years) spent in this occupation 10 yr

Suicide by jumping from a bridge  
Date of onset 2/20/39  
Other contributory causes of importance:  
1/ Calcuttation  
2/ Multiple fractures

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guthrie, Okla.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical signs Was there an autopsy? no

FATHER 13. NAME Daniel Meinzer  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guthrie, Okla.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide suicide Date of injury 2/21 1939  
Where did injury occur? Bonfous County  
(Specify city or town, county, and State)

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Specify whether injury occurred in industry, in home, or in public place. Public place  
Manner of injury Leap from bridge  
Nature of injury fractures

17. INFORMANT (ADDRESS) W.L. Woerley  
2829-Sulphur St. Louis, Mo.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) John O'Connell M. D.  
(Address) Loran St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Guthrie, Okla DATE 2-13-39

19. FUNERAL DIRECTOR (ADDRESS) Bannan Bros. Inc.  
2504-Woodward St. Overland, Mo.

20. FILED FEB 24 1939  
W.L. Woerley Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**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 \_\_\_\_\_

*Oscar F. Mueller*

Licensed Embalmer No. 3039

**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.)**