

259 JUL 19 1939

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

23108
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles Registration District No. 757
(b) Township St. Charles Primary Registration District No. 5998
(c) City St. Charles or St. Charles
(d) Street No. Missouri River 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

(a) Residence, No. 5040 Ruskin Blvd. St. Louis, 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

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 OR (OR) WIFE OF Elizabeth Merskel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1903
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 11 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teller - Postman
9. Industry or business in which work was done, as saw mill, bank, etc. National Bank
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) St. Louis, Mo.

FATHER 13. NAME Joseph Merskel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Kentucky

MOTHER 15. MAIDEN NAME Mary Janssen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison, Mo.

17. INFORMANT (ADDRESS) Mrs. Elizabeth Merskel

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE June 4, 1939
St. Charles Cemetery

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. C. Bellmeyer & Sons
St. Charles, Mo.

20. FILED 6/3 19 39 Clarence H. Merskel
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939
22. I HEREBY CERTIFY, That I attended deceased from Held Inquest 196-4-39 and 6-5-39, 1939
I last saw h. live on 19 Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

"Drowning" 166

Other contributory causes of importance: Extreme nervous breakdown -

Name of operation Date of no
What test confirmed diagnosis? 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 6-1-39
Where did injury occur? Mar. St. Charles Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Missouri River

Manner of injury Jump from Highway Bridge
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify John H. Busch
(Signed) John H. Busch
(Address) Crown St. Charles Co 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.

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.....

Licensed Embalmer No.....

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, above space should be left blank.