DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41093

Registration District No. 161 — Primary Registration District No. 5594 — Registrar's No. 15-57

1. PLACE OF DEATH:

50 (a) County Jefferson

(b) City or town ~~House Springs~~ Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Meramec Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 3 Yrs 6 mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 50

(c) City or town House Springs Mo RR#11
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Mi N.E. House Springs on Hiway #30
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM HENRY MENIKHEIN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Anna Menikhein

6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased February (Month) - 1 (Day) - 1874 (Year)

8. AGE: Years 68 Months 9 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Posey Co. Mt Vernon (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Stove Moulder

11. Industry or business Stove factory

FATHER
12. Name David Menikhein
13. Birthplace ____ (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Dorothy Henk
15. Birthplace Mt Vernon (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant's own signature Elmer Menikheim
(b) Address House springs Mo

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-20-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mo Crematory - St Louis

18. (a) Signature of funeral director J. Brummer
(b) Address House Springs Mo

19. (a) 19 Nov 1942 (Date received local registrar) (b) James A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19th
year 1942 hour about 3 PM minute M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death By Strangulation from Hanging with Rope	
Due to Suicide	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

16 4a

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Nov. 19 - 1942
(c) Where did injury occur? House Springs (City or town) Jefferson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Hanging

23. Signature Lewis A Weber Act. Coroner. ~~(M. D. or other)~~
Address House Springs Date signed 11/19/42

3 8 C

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 1 X19511

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 J. H. Brunner

Licensed Embalmer No. 1470

P. O. Address Hense Springs Mo

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.