

REC'D MAY 10 1939

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

12877  
Do not use this space.

3219

## 1. PLACE OF DEATH

(a) County..... 3 Registration District No..... 791  
(b) Township..... 2 Primary Registration District No..... 1003  
(c) City..... St. Louis (d) Street No. En Route to City Hospital #1 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 Virgil Otis Bodenheimer

(a) Residence, No. .... st. NR Winston-Salem N.C.  
(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 Unknown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 40

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as saw mill, bank, etc. Union Hosiery Co  
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) Unknown13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Coroner's Office18. BURIAL, CREMATION, OR REMOVAL PLACE Winston-Salem N.C. DATE April 8 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Peetz Brothers  
3029 Lafayette Ave20. FILED APR 5 1939 J. D. Buddecke Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on..... 5-5-39..... Death is said to have occurred on the date stated above, at..... A. M.  
The principal cause of death and related causes of importance were as follows:

Fractured Skull, Laceration of Brain, suffered when deceased jumped from the window of his room on the 13th floor at the Lennox Hotel 9th & Washington on 4/4/39 at about 3:30 A. M.

Other contributory causes of importance: the Lennox Hotel 9th & Washington on 4/4/39 at about 3:30 A. M.

Name of operation..... Date of.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Suicide Date of injury..... 4/4/39Where did injury occur? 13th floor (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) Alfred J. Peetz(Address) Peetz Brothers

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**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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address Other 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.)**

**If this body is not embalmed, above space should be left blank.**