. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1945

State File No. 38431

Registration District No. 517 Primary Registration District No. 2670 Registrar's No. 2673

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: GLENWOOD SANATORIUM (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether

In this community 3 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ~~ST LOUIS~~

(c) City or town HANNIBAL (If outside city or town limits, write "RURAL")

(d) Street No. 309 - GRAND AVE. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME ANNA JOSEPHINE BONHAM

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LESTER J. BONHAM

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased MAY 21 - 1892 (Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace HANNIBAL (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name EMIL MENZEL
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name JOSEPHINE REBSTOCK
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant LESTER J. BONHAM

(b) Address 309 GRAND AVE. HANNIBAL Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-23-1945 (Month) (Day) (Year)

(c) Place: burial or cremation HANNIBAL MO.

18. (a) Signature of funeral director Roy P. Schwartz

(b) Address HANNIBAL MO. 1000 BROADWAY

19. (a) 11-23-45 (Date received local registrar) (b) E. G. McGarran MD (Registrar's signature) NSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th year 1945 hour 8. minute 05 A.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.

Immediate cause of death Strangulation by Ligature

Due to Suicide.

164a

Due to

Other conditions Mental patient at Glenwood San. (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

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. 20, 1945

(c) Where did injury occur? Webster Groves, St.L. Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Glenwood Sanatorium (Specify type of place)

While at work? no (e) Means of injury ligature

23. Signature Arnold J. Willmann Coroner (M.D. or other)

Address Clayton, Mo. Date signed 11-21-45

(Licensed Embalmer's Statement on Reverse Side)

JAN 12 1948

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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, fact should be so stated above.