

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

Do not use this space.

21735-1
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107 1. PLACE OF DEATH
County St. Louis Registration District No. 865
Township East Primary Registration District No. 6143
City Beaumont (No. _____) St. _____ Ward _____

2. FULL NAME Rebecca June Rimmel
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Melvin Rimmel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 1910
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 3 23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235 House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Ill

FATHER 13. NAME Gold Glenn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER 15. MAIDEN NAME Lucy Mammori
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT W H Rimmel (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Beaumont DATE June 26 1932
19. UNDERTAKER Mrs. R. J. Rimmel (ADDRESS) Beaumont
20. FILED June 25 1932 Registrar W. H. Rimmel

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1932
I HEREBY CERTIFY that I attended deceased from June 21 1932 to June 26 1932
I last saw h. alive on June 21 1932 Death is said to have occurred on the date stated above, at 12:30 p. m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
B.P.A.
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. H. Rimmel _____, M. D.
(Address) Beaumont

Date of onset June 21

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

SEP 27 1932

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