

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

Do not use this space.

791
1009

28902
7535

1. PLACE OF DEATH **SEP 10 1937**
 County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City **St. Louis** (No. **St. John's Hospital**) St. _____ Ward _____

2. FULL NAME **Louis A. Rimmelin**
 (a) Residence, No. **4537 Ray Ave.**, St. **15** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 11, 1864**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
72	11	27		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Barber**

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) **Germany**

13. NAME **August Rimmelin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Minnie Koch**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mrs E. Martin**
 (ADDRESS) **4537 Ray Ave.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Mo. Crematory** DATE **8-10-37**

19. UNDERTAKER **Southern Funeral Home**
 (ADDRESS) **6322 S. Grand Blvd.**

20. FILED **1937**
9 10 37
 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-7-37**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **7/17**, 19**37**, to **8/7**, 19**37**
 I last saw him alive on **8/7**, 19**37**. Death is said to have occurred on the date stated above, at **7:30** p.m.

The principal cause of death and related causes of importance were as follows:

Carey's Prostate gland Date of onset **12 days**
510
Nephritis acute **2-3 days**

Other contributory causes of importance: _____

Name of operation **None** Date of **None**
 What test confirmed diagnosis? **None** Was there an autopsy? **None**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **No** 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 **No**
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) **W. A. Ranaugh**, M. D.
 (Address) **4755 Mayfield**

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.

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Brown + ... 4755 = 27
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