

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
100332549
Do not use this space.

1. PLACE OF DEATH 923 No, Leonard Ave

(a) County

Registration District No.

(b) Township

Primary Registration District No.

Registered No.

(c) City

St. Louis

(d) Street No.

(e) Length of residence in city or town where death occurred 15 yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Moses Rimpson

(a) Residence, No. 923 No. Leonard Ave

St.

21

(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

Col

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

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

Mary Rimpson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15th 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

OCCUPATION

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

Laborer

9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ga

FATHER

13. NAME

Prince Rimpson

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

Birmingham

Ala

MOTHER

15. MAIDEN NAME

Mary

Crawford

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

Ala

17. INFORMANT Mary Rimpson
(ADDRESS)

923 No. Leonard Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Sept 16th 1937

19. FUNERAL DIRECTOR Jas. H. Randle & Son
(ADDRESS)

920 No. Leonard Avenue

20. FILED

SEP 13 1937

19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 2nd 1937, to Sept 11th 1937I last saw him alive on Sept 11th 1937. Death is said

to have occurred on the date stated above, at 10:20 P.M.

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

Date of onset

Acute myocarditis

Other contributory causes of importance:

Chronic tubercular hepatitis

Name of operation

Date of

What test confirmed diagnosis? clinical Was there an autopsy? N.O.

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? N.O.

If so, specify

(Signed)

(Address)

S. W. W. M. D.
928 N. 14th St

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Hilliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Arthur L. Hilliard

Licensed Embalmer No. 3389

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.)