

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

34341
 Do not use this space.

NOV 16 1938

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 6226 Delore St. Registered No. 9327
 (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 Clifford J. Rimney

(a) Residence, No. 6226 Delore St. St. 14
 (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 Florence May Rimney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
66 5 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pressman
 9. Industry or business in which work was done, as saw mill, bank, etc. Post Dispatch
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Mo 0

FATHER 13. NAME Martin V. Rimney

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

MOTHER 15. MAIDEN NAME Margaret Moore

16. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Mo. 0

17. INFORMANT Florence May Rimney (ADDRESS) 6226 Delore St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Oct. 29, 1938

19. FUNERAL DIRECTOR (NAME) Charles Howard General Home (ADDRESS) 4911 Washington Bl.

20. FILED NOV 27 1938 J. B. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1931, to 10-26, 1938. I last saw him alive on 10-26, 1938. Death is said to have occurred on the date stated above, at 1045 a.m.

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

Angina pectoris

Date of onset

Other contributory causes of importance:

Name of operation none Date of What test confirmed diagnosis? clinical Was there an autopsy? no

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? no If so, specify (Signed) P. C. Cappe M.D. M. D. (Address) 3239 Franklin Ave

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.

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,

Elton R. H. Remelius

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Elton R. H. Remelius

Licensed Embalmer No. 3154

P. O. Address 3948 A. Greer Ave.

St. Louis 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, above space should be left blank.