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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36795**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9068**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Walter Rimney

3. (b) If veteran, name war None 3. (c) Social Security No. 489-07-8483

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Rimney 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept. 18th, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 15 hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Box Maker

11. Industry or business General Paper Box Co. 1

12. Name Martin Rimney 0

13. Birthplace Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Moore

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Rimney
(b) Address 5368 Patton Ave.

17. (a) Burial (b) Date thereof 11-6-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) NOV 4 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5368 Patton Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3,
year 1940 hour 2:50 minute A. M.

21. I hereby certify that I attended the deceased from October 28,
19 40, to November 3, 19 40
that I last saw him alive on November 3, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death
[Signature]

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
[Signature]

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature [Signature] (M. D. or other) 11/4/40
Address 1515 Lafayette Avenue Date signed _____

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

MOTHER FATHER

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

P. O. Address.....

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.