

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8194

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jewish Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
 (Specify whether
 In this community 48 years
 years, months or days)

3. (a) PRINT FULL NAMES Jacob RIMELL Rimell8. (b) If veteran, name war no 8. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Gussie Rimell 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased Unknown
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
Abt. 77 hr. min.9. Birthplace Russia
(City, town, or county) (State or foreign country)10. Usual occupation Merchant11. Industry or business Clothing12. Name Herшел Rimell13. Birthplace Russia
(City, town, or county) (State or foreign country)14. Maiden name Nechama Bigarder
15. Birthplace Russia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Malke Cohn(b) Address 6029 Pershing17. (a) Burial (b) Date thereof 10-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chesed Shel Emeth18. (a) Signature of funeral director Chesed Shel Emeth(b) Address 4469 Washington19. (a) OCT 15 1941 (b) J F Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6029 Pershing
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 48 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1941 hour 8 minute 30 P.M.21. I hereby certify that I attended the deceased from Sept 22
1941, to Oct 13, 1941;
that I last saw him alive on Oct. 13, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion Duration 9/15/41

Due to

Due to

Other conditions PT
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

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) (e) Means of injury

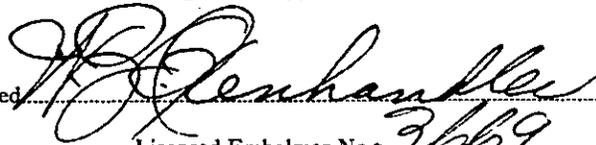
23. Signature Arthur E. Tansley (M. D. or other) M.D.Address 4500 Olive St Date signed 10/15/41

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


.....
Licensed Embalmer No. 3669

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, above space should be left blank.