

FILED JUN 22 1942

Registration District No. 104

Primary Registration District No. 200

1383

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution:
7219 Cornelia Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
years, months or days)

In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶

(c) City or town Jennings ⁰⁰
(If outside city or town limits, write "RURAL.")

(d) Street No. 7219 Cornelia Ave
(If rural, give location) ^D

(e) Citizen of foreign country? Unknown (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Esther Rimbach

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nikolaus C. Rimbach

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August 1, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>8</u>	hr. min.

9. Birthplace Unknown Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Nikolaus C. Rimbach

(b) Address 7219 Cornelia Ave

17. (a) Burial (b) Date thereof 6/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JUN 11 1942 (b) E. H. Melkharantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1942 hour 5:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from Dec
1940 to June 9, 1942
that I last saw her alive on Dec, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to death probably instant

Due to Other conditions

Other conditions Coronary disease years
(Include pregnancy within 3 months of death)

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)
(e) Means of injury _____

23. Signature E. H. Melkharantz (M. D. or other) MD
Address 6704 W. Court Date signed June 1942

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

JUL 28 1942

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.....

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.