

FILED AUG 22 1943 18

Primary Registration District No. 1003

Registrar's No. 7071

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

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 40 yrs. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Olga Rimkus
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Wm. Fritz Rimkus 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Oct. 12th., 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 6 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rosina Frever
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ella Koehler

(b) Address 108 N. Kingshighway Blvd.

17. (a) Burial (b) Date thereof 8-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindeal Blvd.

19. (a) AUG 10 1943 (b) J. Phedech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5549 Pershing Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18th.,
year 1943 hour 8 minute 45 a. m.

21. I hereby certify that I attended the deceased from Aug 20th
1942 to Aug 18th 1943
that I last saw her alive on Aug 17th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Bronchitis - Lobar Pneumonia 2 days
Due to Ruptured Gangrenous 6 days
Appendicitis
Due to _____
Other conditions Arterio-Sclerosis 2 years
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: appendix gangrenous
Of operations: ruptured localized Peritonitis
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) no
(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)
(b) Means of injury _____

23. Signature J. Gallagher (M. D. or other)
Address 3903 Olive Date signed 8/18/43

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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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.