

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **829**
Registrar's No. **458**

FILED JAN 31 1946
Registration District No. **31846**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **8 days**
In this community **35 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **62nd**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5937th Hamilton Terr**
(If rural, give location)
(e) Citizen of foreign country? **?** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **DORA RIMMEL**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan.** day **6th**
year **1946** hour **10:05** minute **A** M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from **12/27/45** to **1/6/46**, 19____, and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
7. Birth date of deceased **unknown**
(Month) (Day) (Year)

Immediate cause of death **Lobar Pneumonia**

8. AGE: **abt 43**
Years Months Days If less than one day _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **108**

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

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation **Housewife**

11. Industry or business **Housewife**

12. Name **Zadel Young**

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

14. Maiden name **Sarah Fromm**

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

16. (a) Informant **Zadel Young**

(b) Address **5937th Hamilton Terr**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-7-46** (Month) (Day) (Year)

(c) Place: burial or cremation **Chapel St. Emth**

18. (a) Signature of funeral director **Herbert C. Futz**

(b) Address **4464 Washington**

19. (a) **JAN 7 1946** (Date received local registrar) **J. Z. Breder** (Registrar's signature)

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 **Herbert C. Futz** (Signature) _____ (Date signed)

3020
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

W. J. Penhance

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, fact should be so stated above.