S. No. 300
v. 10.48

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

FILED FEB 14 1949
#76695

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3171

State File No. 855

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (In this place): 38 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital (#1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 2209 ½ South ELEVENTH STREET

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle):
c. (Last): RIMMEY

4. DATE OF DEATH (Month) (Day) (Year): Jan. 28th, 1949

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SEPARATED
8. DATE OF BIRTH: JAN. 21, 1911
9. AGE (In years last birthday): 38 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAUNDRY WORKER
10b. KIND OF BUSINESS OR INDUSTRY: PERRY LAUNDARY
11. BIRTHPLACE (State or foreign country): ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: FRANCIS RIMMEY
13b. MOTHER'S MAIDEN NAME: BESSIE CARDER
14. NAME OF HUSBAND OR WIFE: HILDA RIMMEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 084-05-3781
17. INFORMANT'S SIGNATURE OR NAME: MRS. BESSIE STAPLES
ADDRESS: 2209 ½ So. 11 ST.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, Pulmonary, Far. Adv. — INTERVAL BETWEEN ONSET AND DEATH: 1946

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/26/49, 19____, *to* 1/28/49, 19____, *that I last saw the deceased alive on* 1/28/49, 19____, *and that death occurred at* 3:10AM., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph E. V. Eldeu M.D. (Degree or title)
23b. ADDRESS: 1515 Lafayette Ave.,
23c. DATE SIGNED: 1/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1/31/49
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, COUNTY MO

DATE REC'D BY LOCAL REGISTRAR: JAN 29 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: SUEDMEYER & SONS
ADDRESS: 3934 N. 20th ST

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Neville B Frohwitter

Licensed Embalmer No. 3676

P. O. Address 3934 N 20th St

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.