

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10485**
Registrar's No. **2598**

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township): St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 51 yrs.		d. STREET ADDRESS (If rural, give location) 5153 Gates	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish HOSP.		e. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) SAM RIMELL	a. (First)	b. (Middle)	c. (L)	4. DATE OF DEATH (Month) (Day) (Year) Mar. 18, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 16, 1891	9. AGE (In years last birthday) 60	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prop.	10b. KIND OF BUSINESS OR INDUSTRY Retail cleaning	11. BIRTHPLACE (State or foreign country) USSR	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Rimel	13b. MOTHER'S MAIDEN NAME Gussie Margulis	14. NAME OF HUSBAND OR WIFE Rose
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Rime	ADDRESS 11 5153 Gates
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion DUE TO (c) Arteriosclerotic heart disease		7 days 6 mo.
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? As fall
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22. I hereby certify that I attended the deceased from **1946** to **Mar. 18, 1952**, that I last saw the deceased alive on **Mar. 18, 1952** and that death occurred at **7:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Barnett J. Tausig	(Degree or title) M.D.	23b. ADDRESS 4500 Olive St.	23c. DATE SIGNED Mar. 19
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/20/52	24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emet	24d. LOCATION (City, town, or county) (State) University City Mo.
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DATE REC'D BY LOCAL REG. MAR 19 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial	ADDRESS 4715 Pherson
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Paul L Ludwig
4229

Licensed Embalmer No.

Signed

Student Embalmer

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.