MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40110

1. PLACE OF DEATH

County ..... Registration District No. 78

Township ..... Primary Registration District No. 1003

City St Louis (No. 3160 Nebraska ave ..... St. ..... Ward)

File No. .....

Registered No. 12138

2. FULL NAME Joseph Chott

(a) Residence. No. 3160 Nebraska St., 24 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frances Chott

6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 1843

7. AGE: about 83 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

PARENTS

10. NAME OF FATHER: John Chott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bohemia
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Frances Chott
(Address) 3160 Nebraska

15. FILED DEC 23 1926 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 22 1926

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1924, to Dec. 22, 1926 that I last saw him alive on Dec. 22, 1926, and that death occurred, on the date stated above, at 5 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Chronic Interstitial Nephritis
131 Chronic Endocarditis Mitral
92 Pt (duration) 3 yrs. 5 mos. — ds.

CONTRIBUTORY (SECONDARY): Pneumonia Hypostatic Lobar (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Jno C Laubeck, M. D

19 (Address) 2900 California ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Rock Creek Mo
DATE OF BURIAL: Dec 24 1926

20. UNDERTAKER: Wm C. Maydell
ADDRESS: 1926 Allen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.