

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**MISSOURI STATE BOARD OF HEALTH
BUFAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

2343

1. PLACE OF DEATH
 County St. Louis Registration District No. 1123
 Township South St. Louis Primary Registration District No. 6248 G
 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME Philomena Chott
 (a) Residence, No. Newton Mo St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F Chott
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home House Work
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Creek Mo
Jefferson Co
 13. NAME John Pintner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia ?
 15. MAIDEN NAME Marg Jatscht
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia
 17. INFORMANT (ADDRESS) Anna Mary Barton
Newton Mo
 18. BURIAL, CREMATION OR REMOVAL PLACE St. Pauls DATE July 20 1932
 19. UNDERTAKER (ADDRESS) John Koch
 20. FILED Jan 19 1932 L. C. Obrock
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1932 to July 17, 1932
 I last saw her alive on July 17, 1932. Death is said to have occurred on the date stated above, at 6:50 pm.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
 Date of onset 1930
 Other contributory causes of importance: prof 93
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Andrew Youngman, M. D.
 (Address) Sappington Mo

