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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31032

1. PLACE OF DEATH SEP

County ..... Registration District No. 791

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

City St Louis Mo (No. 5553 c Devonshire St. ..... Ward)

File No. .....

Registered No. 8299

2. FULL NAME Peter A. Chott

(a) Residence, No. 5553 c Devonshire St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Elizabeth Chott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 1/1866

7. AGE: YEARS 68 MONTHS 5 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
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): Iowa

FATHER

13. NAME: Joseph Chott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Ignatius Fischer 5553 c Devonshire

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers DATE Aug 15 1934

19. UNDERTAKER (ADDRESS): Ziegenhein Bros 2623 Churchill St

20. FILED AUG 1 1934, 19 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:25 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bichloride of Mercury poisoning self administered at residence July 19, 1934

Other contributory causes of importance: 113D

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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? Suicide Date of injury 7/19/1934

Where did injury occur? St. Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Poison

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harold [illegible] M. D.

(Address) Dupont

8/14/34