

15246

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 423

Primary Registration District No. 5578

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Valley Park Route 1  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether Life)

In this community Life  
years, months or (days)

3. (a) PRINT FULL NAME ANTON CHOTT

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March 10 1885  
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rock Creek Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Chott

18. Birthplace Rock Creek Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Blecha

15. Birthplace Rock Creek Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Chott

(b) Address Valley Park Route 1

17. (a) Burial (b) Date thereof May 1 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Creek Mo

18. (a) Signature of funeral director James H. Rock

(b) Address Fonten, Mo

19. (a) 4-30-1940 (b) Phil J. Kirk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Valley Park Route 1  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28 year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Feb 22, 1936 to April 28, 1940 that I last saw him alive on April 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Valvular disease of heart Duration 5 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 384  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Edward J. ... (M. D. or other) \_\_\_\_\_

Address Springton Mo Date signed 4/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Gennick H. Reich*

Licensed Embalmer No.....

*3047*

P. O. Address.....

*Fenton, M*

**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, above space should be left blank.**