

FILED DEC 10 1942

Registration District No. ...

Primary Registration District No. 5595

Registrar's No. 37

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Arnold
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

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

(d) Street No. Rock Township
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____

3. (a) PRINT FULL NAME Jennie A. Chott

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st
year 1942 hour 72 minute 50 A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Henry J. Schott

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Aug. 19th 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 20, 1942
to Nov. 21, 1942
that I last saw her alive on Nov. 20, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

55 3 2 hr. _____ min.

Immediate cause of death Lobar Pneumonia Duration 4 days

Due to Expense Chronic Bronchitis 3 years

Due to Nephritis Arterio sclerosis & High Blood Pressure 5 years

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housewife

Major findings: Of operations No operation

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Anton Pinker

13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

14. Maiden name Kate Benes

15. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Chott

(b) Address Arnold Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Old

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? _____

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

(Specify type of place) _____ (e) Means of injury _____

23. Signature Walter Friedman (M.D. or other) _____

Address 3146 Morganford Date signed Nov. 21, 1942

19. (a) 11/21/42 (Date received local registrar)

(b) [Signature] (Registrar's signature)

Dr. Edman
3/46 Menford Rd.

Return 10718

C. A. Clements Imperial Mo.

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.....
Edwin M. Bernath

Licensed Embalmer No. *3024*

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.