

S. No. 2
M-5-43
7-5-17-39
I X3657

FILED FEB 25 1946

Registration District No. 377

Primary Registration District No. 6076

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6029
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution:
4862 Seibert Ave., /
(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)

Life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 4862 Seibert Ave.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Edwin Chott Sr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sophia 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 5th, 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>8</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Truck driver

11. Industry or business _____

MOTHER FATHER { 12. Name ---- Chott

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Kuhn

15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Sophia Chott

(b) Address 4862 Seibert

17. (a) Burial (b) Date thereof. 2/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk.

18. (a) Signature of funeral director: John L. Ziegler

(b) Address 7027 Gravois Ave.

19. (a) 2-13-46 (b) E. J. M. Garand
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th year 1946, hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 7, 1946 to Feb 9, 1946 that I last saw him alive on Feb 9 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute myelogenous Leukemia

Due to _____

Due to 74a

Other conditions _____
(Include pregnancy within 3 months of death)

Duration
4 weeks known

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Schmitz M.D. or other _____
Address 3606 Gravois Date signed 2-11-46

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..... *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address..... *7027 Francis*

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.