

FILED SEP 3 1947

Registration District No. 3/1

Primary Registration District No. 4463

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Fenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
R. R. #12, Kirkwood
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
Several years
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Fenton
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. #12, Kirkwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank P. Chott
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Theresa 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 25, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	8	0	_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Chott
(b) Address R. R. #12, Kirkwood

17. (a) Burial (b) Date thereof 8/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne Dr. Kirkwood, Mo.

19. (a) 8-28-47 (b) Declarator's signature
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1947 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 25
1947, to August 25, 1947;
that I last saw him alive on August 24, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Thrombosis
Apoplexy 9/22/47 Right sided Hemiplegia
Hypertension
Due to Myocarditis chronic
Cardiac decompensation
Due to Essential
generalized arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)
93d

Duration
Un-known
8-22-47
Unknown
7/25/47
Unknown
PHYSICIAN
Underline the cause of 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 name of place)
Signature Leon [Signature] (M. D. or other) _____
Address 214 91 Fenton, Mo. Date signed 8/26/47

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

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (23) MO

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.