

National Office of Vital Statistics

State File No.

FILED JAN 30 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 443

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94
(c) City or town Fenton
(If outside city or town limits, write "RURAL")
(d) Street No. M.R.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME FRANK E. CHOTT
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 14
year 1948 hour 8:30 minute A M.

4. Sex M. Color or race W.
5. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Mary Chott
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased October 7 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 3, 1948 to Jan 14, 1948, that I last saw him alive on Jan 13, 1948 and that death occurred on the date and hour stated above.
Duration

8. AGE: Years 72 Months 3 Days 7
If less than one day hr. min.

Immediate cause of death Cerebral Thrombosis
Due to Generalized arterio-sclerosis
Due to

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

Other conditions Chronic glomerulo-nephritis
(Include pregnancy within 6 months of death)
Major findings:
Of operations 181
Of autopsy

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business
12. Name John Chott
13. Birthplace Rock Creek Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant Mrs. Mary Chott
(b) Address Fenton Mo.

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-48
(Month) (Day) (Year)
(c) Place: burial or cremation St. Alphonsus Cem. Rock Creek Mo.

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

18. (a) Signature of funeral director Meyer-Pfingst
(b) Address Lickwood Ave. Fenton, Mo.

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

19. (a) JAN 16 1948 (Date received local registrar's certificate) (b) J. F. Braden (Registrar's signature)

23. Signature Frank Chott (M. or other)
Address Fenton, Mo. Date signed 1-15-48

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

John F. Meyer

Licensed Embalmer No. *25285*

P. O. Address *Kirkwood 22 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.