

FILED NOV 9 1948

Registration District No. 5127

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35074

Registrar's No. 2103

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Rt. 6 Box 50 Gravois & Sappington Rds.
(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)

3. (a) PRINT FULL NAME JOSEPH A. CHOTT

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife.....
Marie

6. (c) Age of husband or wife if alive.....years
10 1991

7. Birth date of deceased.....
(Month) (Day) (Year)
May 10 1991

8. AGE: Years Months Days If less than one day
57 5 16 hr. min.

9. Birthplace.....
(City, town, or county) (State or foreign country)
Mo. 0

10. Usual occupation Foreman Meter Shop

11. Industry or business Union Electric Co.

12. Name Joseph P. Chott

13. Birthplace Rock Creek Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Anna B. Moder

15. Birthplace Rock Creek Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Chott

(b) Address Route 6 Box 50 Sappington, Mo.

17. (a) Burial (b) Date thereof 10-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 S. Kingshighway Bl.

19. (a) 10-28-48 (b) Cecil S. Phay
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96

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

(d) Street No. Route 6 Box 50
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1948 hour 11:50 minute A. M.

21. I hereby certify that I attended the deceased from
Nov. 10 1947 to Oct. 26 1948
that I last saw him alive on Oct. 26 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
CORONARY THROMBOSIS Duration 1 Day

Due to Arteriosclerotic heart disease.

Due to 93d

Other conditions.....
(Include pregnancy within 3 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?
.....
(Specify type of place) (e) Means of injury.....

23. Signature Robert W. Tichey (M. D. or other) M.D.
Address 4602 GRANDS ST. LOUIS 16 MO. Date signed 10/27/48

4601
Annie
3-1

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 A. McNeill

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.