

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25612

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>4403</u>		Registrar's No. <u>1798</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)			
a. COUNTY <u>St. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>		b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fenton, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fenton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fenton</u>				d. STREET ADDRESS <u>Fenton</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Mary</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Chott</u>	Month <u>July</u>	Day <u>2</u>	Year <u>1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 5 1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>2</u>	IF UNDER 2 HRS. Days <u>27</u>	Hours <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Rock Creek Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Minnard Riebold</u>		13b. MOTHER'S MAIDEN NAME <u>Gamache</u>		14. NAME OF HUSBAND OR WIFE <u>Frank J. Chott</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lynelia Halford</u>					
		ADDRESS <u>Fenton Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>					years.	
	DUE TO (c) <u>Generalized Arteriosclerosis</u>					years.	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					<u>11/21</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					(20.) AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>8 FEB</u> , 1949, to <u>July 2</u> , 1949, that I last saw the deceased alive on <u>July 2</u> , 1949, and that death occurred at <u>12:05 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Leo W. REBER JR.</u>			23b. ADDRESS <u>D.O. # - Box 91 FENTON, Mo.</u>		23c. DATE SIGNED <u>7-2-49.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/5/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ce</u>		24d. LOCATION (City, town, or county) (State) <u>Fenton Missouri</u>			
DATE REC'D BY LOCAL REG. <u>7-7-49</u>	REGISTRAR'S SIGNATURE <u>Wm R. Drake MD</u>	FURNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>		ADDRESS <u>Kirkwood Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John M. Meyer

Licensed Embalmer No. 3385

P. O. Address Richmond 22

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.