

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1945

State File No.

500
1
JAN 24 1953

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Meramec</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Meramec) Fenton Mo</u>	
c. LENGTH OF STAY (In this place) <u>48 Years</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del Fenton Mo. 05100</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Delivery Fenton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Chott</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13 1953</u>
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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>March 29 1874</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>High Ridge Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>America USA</u>
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13a. FATHER'S NAME <u>Joseph Wallach</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Staskal</u>	14. NAME OF HUSBAND OR WIFE <u>Frank E. Chott</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William C. Bufka</u>	ADDRESS <u>Fenton Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		<u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive heart disease</u>	<u>5 years</u>
		DUE TO (c) <u>Arteriosclerosis</u>	<u>2 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cardiac decompensation Marked</u>	<u>3 months</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 5, 1952 to Jan 13, 1953, that I last saw the deceased alive on Jan 13, 1953, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur Reher Jr.</u> (Degree or title)	23b. ADDRESS <u>Box 91 Fenton Mo</u>	23c. DATE SIGNED <u>Jan 15, 1953</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rock Creek Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/17/53</u>	REGISTRAR'S SIGNATURE <u>Booth Jissa 4380</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>	ADDRESS <u>Kirkwood 22 Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

4 1951 8 1 604

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JAN 20 1953

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 *William H. Putzinger*

Licensed Embalmer No. *4312*

P. O. Address *Richwood, 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.