

S. No. 2
M-5-43
7-5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39630

State File No.

FILED DEC 22 1943
348

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10595

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5648 Milentz Ave.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
17
 (c) City or town Saint Louis,
(If outside city or town limits, write "RURAL") 92
 (d) Street No. 5648 Milentz. Ave.
(If rural, give location)
 (e) Chosen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME

Thereisa M. Chott

(b) If veteran, name war _____

(c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 23rd
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>8</u>	<u>10</u>	hr. _____ min.

9. Birthplace Unknown
(City, town, or county)

Missouri.
(State or foreign country)

10. Usual occupation House-work

11. Industry or business _____

12. Name Henry J. Leicht.

13. Birthplace Unknown
(City, town, or county)

Germany
(State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county)

Germany
(State or foreign country)

16. (a) Informant Edward G. Chott

(b) Address 8744 Compton Ave.

17. (a) Burial (b) Date thereof Dec. 7-1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul.

18. (a) Signature of funeral director Fiegenhauer Bros.

(b) Address 6409 Gravois Ave.

19. (a) DEC 6 1943 (b) J. F. Bredon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd,
 year 1943. hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 6
1943 to Dec 3 1943
 that I last saw her alive on Dec 3 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Vascular heart disease

Duration

about 60 yrs

Due to _____

Due to Cardiac Failure
right heart

1 day

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?

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

23. Signature Adam Youngman (M. D. or other) MD
 Address 6439 Gravois Date signed 12/17/43

WRITE PLAINLY—USE 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

W E Morris

Licensed Embalmer No. 3360

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.