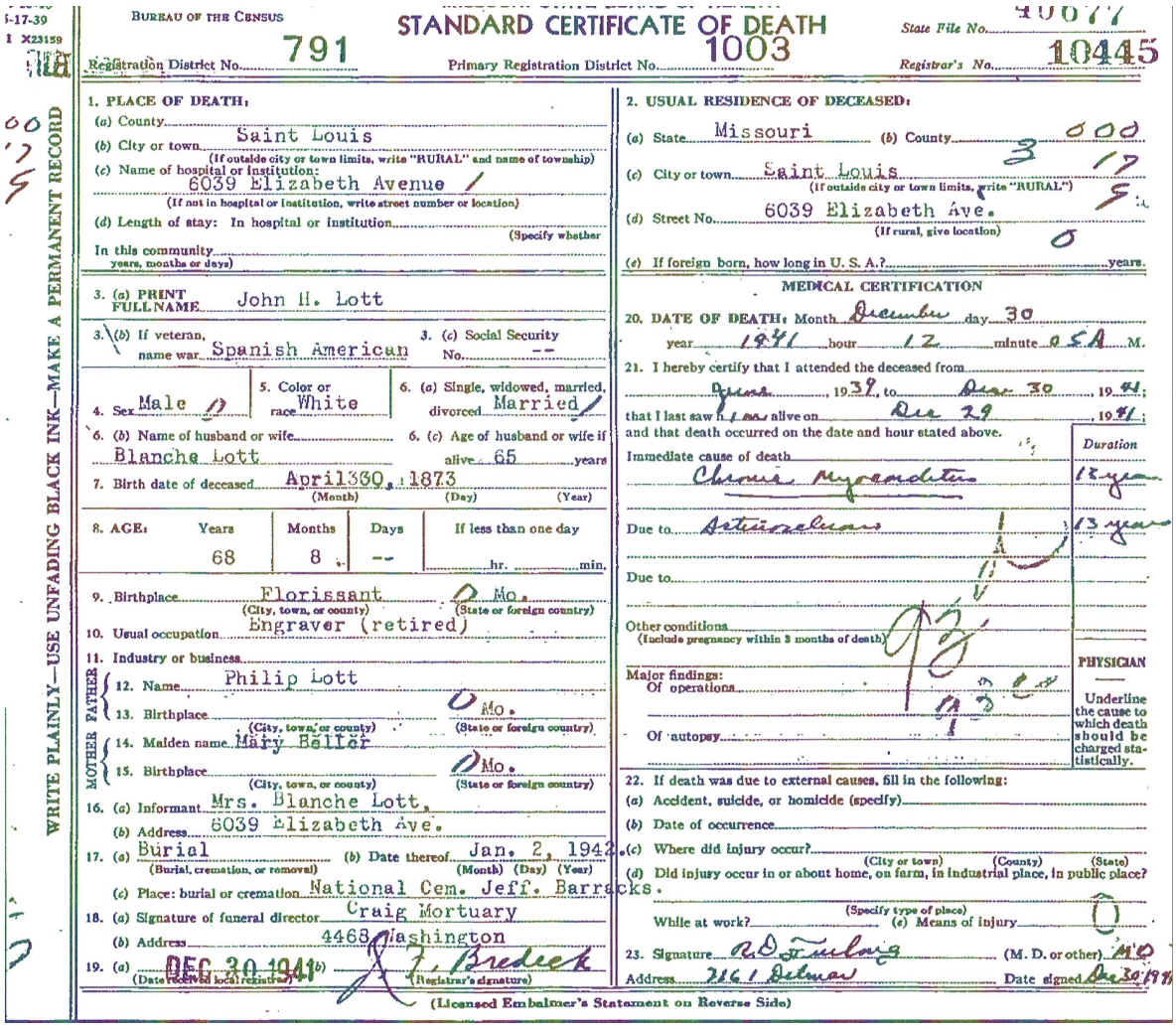
John Henry Lott dc



5-17-39
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BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 40077

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10445

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

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6039 Elizabeth Avenue
(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 510
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6039 Elizabeth Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John H. Lott
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. --
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche Lott
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 30, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	8	--	hr. min.

9. Birthplace Florissant (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Engraver (retired)
11. Industry or business
MOTHER FATHER
12. Name Philip Lott
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mary Heller
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. Blanche Lott,
(b) Address 6039 Elizabeth Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1942.
(Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jeff. Barracks.
18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington
19. (a) DEC 30 1941 (Date received by local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30
year 1941 hour 12 minute P.M.
21. I hereby certify that I attended the deceased from Dec. 30, 1939, to Dec. 30, 1941;
that I last saw him alive on Dec 29, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	13 yrs
Due to: Arteriosclerosis	13 years
Due to:	
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)
While at work? (e) Means of injury

23. Signature R D Tinsley (M. D. or other) MD
Address 7161 Delmar Date signed Dec 30 1941

(Licensed Embalmer's Statement on Reverse Side)