

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25137

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Plant Primary Registration District No. 1 P.D. 2
 City St. Louis (No. Wesley Hospital) St. 1st Ward)

2. FULL NAME

(a) Residence, No. 607 E. 12th St., 2nd Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Chinese 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Don't know
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know 1857
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) China

FATHER
 13. NAME Leo Sin Lum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) China

MOTHER
 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) China

17. INFORMANT (ADDRESS) Leo Dwan
515 E. 12th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiland Park DATE July 20, 1931

19. UNDERTAKER (ADDRESS) Carrall - Doidson
3024 Grand Ave

20. FILED 1/20 1st M.M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18th, 1931

I HEREBY CERTIFY That I attended deceased from July 17th, 1931 to July 18th, 1931
 Last saw him alive on July 18th, 1931. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

Acute intestinal
46c obstruction
1931

Other contributory causes of importance:
Carcinoma of Colon

Name of operation: none Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where and injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury to any organ related to occupation of deceased?
 If so, specify
 (Signed) [Signature] M.D.
 (Address) 327 W. 12th St.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

