

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

Do not use this space.

29503

**1. PLACE OF DEATH**

791

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City *St. Louis* (No. *City*)

*Hospital*

File No. ....

Registered No. **8527**

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *10 St. 8th St. 25* Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *20* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *male* 4. COLOR OR RACE *Chinese* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *un known*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*abt 75*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *free labor*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Laundry*  
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*

MOTHER 13. NAME *un known*

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

15. MAIDEN NAME *un known*

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

17. INFORMANT (ADDRESS) *Hospital & Informant*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Laurel* DATE *Aug 8, 1931*

19. UNDERTAKER (ADDRESS) *North Collins St. St. Louis*

20. FILED *G-6* 1931 *Max. Starling* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 5th, 1931*

22. I HEREBY CERTIFY That I attended deceased from *July 27th, 1931* to *Aug 5th, 1931*. I last saw him alive on *Aug 5th, 1931*. Death is said to have occurred on the date stated above, at *11:45 A.M.* The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
*131*  
*93C 131*

Chronic Myocarditis

Name of operation ..... Date of .....  
What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did 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 in any way related to occupation of deceased? .....  
If so, specify ..... (Signed) *Raymond Brooks*, M. D.  
(Address) *City Hospital*

George