

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

Do not use this space.

10133

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Barnes Hospital**)..... St. Ward

File No.
Registered No. **2147**
St. Ward

2. FULL NAME

William Fong

(a) Residence, No. **1702 Chouteau Ave** St. **22** Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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

3. SEX **Male** 4. COLOR OR RACE **Yellow** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mamie Fong**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **February 28-1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 ----- **6**

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Laundry man**
(b) General nature of industry, business, or establishment in which employed (or employer) **self**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **San Francisco**
(STATE OR COUNTRY) **California**

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **China**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **China**
(STATE OR COUNTRY)

14. INFORMANT **Mrs Mamie Fong**
(Address) **1702 Chouteau Ave**

15. FILED **MAR -5 1932** **Miss O. Standen** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 4 1932**

17. **No Physician in attendance**
I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... **9** a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Eye Poisoning
self-administered yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **at residence**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **1637** **Suicide**
IF NOT AT PLACE OF DEATH.....

3 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **J. W. Kerner** M.D.
2/5 19**32** (Address) **Dep. Coroner**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Mathews Cemetary** DATE OF BURIAL **March 8 1932**

20. UNDERTAKER **A. W. McLaughlin** ADDRESS **1637 Missouri**

WRITE 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.

