

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

Do not use this space.

41422

FEB 9 1 1935

1. PLACE OF DEATH

County Registration District No. 1003
Township Primary Registration District No. 781
City St. Louis (No. En Route to City Step) St. 1060 (Ward)

2. FULL NAME

(a) Residence, No. 3209 1/2 Laclede St. 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-10-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ ✓
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) Missouri

MOTHER 13. NAME Adam Lam

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

15. MAIDEN NAME Winnie Wang

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

17. INFORMANT (ADDRESS) Harold N. Spuh
Coroner's Office

18. BURIAL, CREMATION, OR REMOVAL PLACE Patten Field DATE 1-30-35

19. UNDERTAKER (ADDRESS) Leety Bros.
3014 Lafayette Ave

20. FILED 1-31-35 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 6/4, 19..... Death is said to have occurred on the date stated above, at 6 P. m.

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

10712
Bronchial Pneumonia
Primary
Other contributory causes of importance:
10112

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Harold N. Spuh
11/1/35 (Address) St. Louis

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.

