

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

DEC 13 1937

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

39526
Do not use this space.

791
1003

Registered No. 10513

1. PLACE OF DEATH
- (a) County..... Registration District No.....
 - (b) Township..... Primary Registration District No.....
 - (c) City *St. Louis*..... (d) Street No. *at City Hosp. #1*..... St.
 - (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Leong Hung*
- (a) Residence, No. *23a So. 8th St* St. 25 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
abt. 68 - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Laundryman*

9. Industry or business in which work was done, as 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) *China*

FATHER 13. NAME *Unknown*

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

MOTHER 15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Leong Wa,* (ADDRESS) *23a So. 8th St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Walhalla Home Nov 13*

19. FUNERAL DIRECTOR (ADDRESS) *John P. Coe*

20. FILE NO. *NOV 12 1937* *J. Bredeck* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 10th* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *5.20 A.M.*

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

Chronic Myocarditis;

Date of onset

Other contributory causes of importance: *Arteriosclerosis.*

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 *See above*
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify.....
(Signed) *J. Bredeck* Deputy Coroner

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

-r. This body was not embalmed. _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)