

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

Do not use this space.

44290

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jackson Primary Registration District No. 1002
City St. Louis (No. Wesley Hospital) St. _____ Ward _____

File No. _____
Registered No. 5193
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 710 E 12 St., _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Queen Shee Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk 1866

7. AGE YEARS 71 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

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

13. NAME Yin Jue

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

15. MAIDEN NAME Shee Ho

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

17. INFORMANT Lee Sung (ADDRESS) San Francisco, Calif

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 12-23 1937

19. UNDERTAKER (ADDRESS) Barroll-Davidson 3024 Forest Ave St. Louis

20. FILED Dec 24 1937 M. M. Grove Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20 1937

22. I HEREBY CERTIFY, that I attended deceased from Dec. 14 1937 to Dec. 20th 1937
I last saw him alive on Dec. 20th 1937. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Acute cardiac dilatation
Chronic interstitial nephritis
arteriosclerosis

Other contributory causes of importance: _____
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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) [Signature] D.
(Address) 1025 Ogden St. St. Louis

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.

