

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital
(d) Length of stay: In hospital or institution Oct 28, 1940 - Nov 21, 1940
In this community _____ years, months or days

FILED DEC. 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 107 N Jefferson
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME YEE LUONG F

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race yellow 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jan Luong 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov 26 1880
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Landry

11. Industry or business Landry Business

12. Name Yee Luong F

13. Birthplace China (City, town, or county) (State or foreign country)

14. Maiden name do know

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lee Moon

(b) Address 107 N Jefferson

17. (a) Burial (b) Date thereof Nov 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director John P. Galt

(b) Address 928 N Grand Blvd

19. (a) NOV 25 1940 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1940 hour 2pm minute _____ M.

21. I hereby certify that I attended the deceased from Oct 21, 1940 to Nov 21, 1940
that I last saw him alive on Nov 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis advanced, bilateral

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) _____

(e) Means of injury _____

23. Signature Alfred Johnson (M. D. or other) MD

Address 638 N. Grand Date signed Nov 25/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Robert G. Hoyle*

Licensed Embalmer No. *2971*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.