

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 865

1. PLACE OF DEATH:

(a) County: ST. LOUIS
(b) City or town: KOCH
(c) Name of hospital or institution: ROBERT KOCH HOSPITAL
(d) Length of stay: In hospital or institution: 485 days
In this community: 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: ST. LOUIS
(c) City or town: ST. LOUIS
(d) Street No.: 23 S. 8th Street
(e) Citizen of foreign country? YES
If yes, name country: CHINA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 19
year 1941 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from
DECEMBER 20, 1939, to APRIL 19, 1941
that I last saw him alive on APRIL 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
PULMONARY TUBERCULOSIS

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(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: Samuel Katz (M. D. or other)
Address: Koch Hosp. Date signed: 4/20/41

3. (a) PRINT FULL NAME: FOOK HEONG

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

4. Sex: M (5. Color or race: CHINESE) 6. (a) Single, widowed, married, divorced: M (b) Name of husband or wife: LEE DONG (c) Age of husband or wife if alive: years

7. Birth date of deceased: SEPTEMBER 12, 1913 (Month) (Day) (Year)

8. AGE: Years 27 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation: LAUNDRY WORK

11. Industry or business:

12. Name: JACK HEONG

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

14. Maiden name: WONG MA (City, town, or county) (State or foreign country)

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

16. (a) Informant: KOCH RECORDS (b) Address:

17. (a) (Burial, cremation, or removed) (b) Date thereof: 4-22-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla

18. (a) Signature of funeral director: (b) Address: 928 N. Brown

19. (a) APR 22 1941 (Date received local registrar) (b) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Albert G. Hoffa

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, fact should be so stated above.