

0. 2  
4-41  
7-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILLED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30106

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7445

1. PLACE OF DEATH: Filled OCT 18 1941

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
714 Market St (Rear)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME LEE CHON G

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 (Single)

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 12 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months ✓ Days —  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Lawyer

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Joseph Lee

(b) Address 18 S. Eighth St.

17. (a) Burial (b) Date thereof Sept 15 - 71  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director John P. Collins & Bro

(b) Address 228 W. Grand Blvd

19. (a) SEP 15 1941 (b) J. P. Budek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County — 000

(c) City or town St. Louis 25 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 714 Market St (Rear)  
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country China

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1941 hour 5 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 7-7-38 to 9-12-41  
19\_\_\_\_ 10\_\_\_\_ 19\_\_\_\_

that I last saw him alive on Sept - 7 - 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Arteriosclerosis  
Synovitis, has suffered with heart trouble for past 30 years.

Due to: Chronic Endocarditis

Due to \_\_\_\_\_

Other conditions: Synovitis  
(Include pregnancy within 3 months of death)

Major findings: none

Of operations \_\_\_\_\_

Of autopsy PP

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 Richard Bullard (M. D. or other) M.D.

Address 3829 Westminster Date signed 9-12-41

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

*James Dinkley*

Licensed Embalmer No. *3603*

P. O. Address *1 Adams St*

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

**If this body is not embalmed, fact should be so stated above.**