

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 27 1942

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 864

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 86 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 44 35 Olive 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME

Mary Jung

3. (b) If veteran,

name war NO

3. (c) Social Security

No. None

4. Sex

7 /

5. Color of race (Chinese) Yellow

(a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife

Kee Tak Jung

6. (c) Age of husband or wife if

alive 7 years

7. Birth date of deceased

(Month)

(Day)

(Year)

7 (?) 1923

8. AGE:

Years

Months

Days

If less than one day

(?) 20

?

?

hr. min.

9. Birthplace

St. Louis

MO.

(City, town, or county)

(State or foreign country)

10. Usual occupation

House wife

11. Industry or business

MOTHER FATHER

12. Name Ling Sow

13. Birthplace

China

(City, town, or county)

(State or foreign country)

14. Maiden name

Ling Shee

15. Birthplace

China

(City, town, or county)

(State or foreign country)

16. (a) Informant

Robert Koch Hosp. Records

(b) Address

Koch, MO.

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

April 20, 1942

(Month) (Day) (Year)

(c) Place: burial or cremation

St. Louis Crematory

18. (a) Signature of funeral director

Frank Cohen

(b) Address

4452 Washington Blvd

19. (a)

APR 18 1942

(Date received local registrar)

(b)

St. Louis

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1942 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from 7-1-41
1941 to 4-17-42, 1942

that I last saw her alive on 4-17-42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis

Duration

1 1/2 yrs approx.

Due to

Due to

13 hr

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? _____ (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)

(c) Means of injury

23. Signature Frank Cohen (M. D. or other) MD
Address Robert Koch Hosp Date signed Apr 17/42

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

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MAY 20 1947

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 John Ketter
Licensed Embalmer No. 3880
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.