

FILED JUN 4 1943 318

State File No. 4590  
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(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 21 1/2 St. 18th Street  
(If no in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether)  
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 21 1/2 St. 18th Street  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME LEONG GUN

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 12 years (Day) (Year) 1873

7. Birth date of deceased March 12 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 4 If less than one day - hr. min.

9. Birthplace China (City, town, or county) (State or foreign country) 7

10. Usual occupation Recliner

11. Industry or business do

12. Name Don't Know

13. Birthplace China (City, town, or county) (State or foreign country) 7

14. Maiden name Don't Know

15. Birthplace China (City, town, or county) (State or foreign country) 7

16. (a) Informant Re Leung

(b) Address 18 1/2 St. 18th Street

17. (a) Burial (b) Date thereof May 18 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director John P. Goltz  
(b) Address 928 W. Grand Blvd

19. (a) MAY 18 1943 (Date received local registration) (b) J. F. Brudette (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1943 hour 3:50 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Adhesion

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

Other conditions (include pregnancy within 3 months of death) 17 2

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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 Alfred G. Perry (M. D. or other) \_\_\_\_\_  
Address Requiescent Date signed 5/17/43

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MAY 18 1943

9/1  
1930  
1443

*[Faint handwritten signature]*

**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..... *J. Allen Dennis Jr.*  
Licensed Embalmer No..... *4053*  
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.