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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 2231

FILED OCT 9 1943
Registration District No. 194317

Primary Registration District No. 6076

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mos, 15 days
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 006
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 20 S. 8th
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country 1

In this community _____
years, months or days)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 30
year 1943 hour 11 minute 55 A.M.
21. I hereby certify that I attended the deceased from 1-15-1943 to 9-30-1943
that I last saw him alive on 9-30-1943
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME GET, Moy

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased 6-17-74(?)
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business _____

12. Name ?

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

14. Maiden name ?

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

16. (a) Informant Patient

(b) Address Burial

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof 10/4/43
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jon. P. Collins Und.

(b) Address 928 North Grand Ave

19. (a) OCT 4 1943 (Date received local registrar) C. P. McLaws (Registrar's signature)

Immediate cause of death Pulmonary tuberculosis

Duration

2 yr(?)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 13 ft

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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 _____

Signature A. Graham (M. D. or other)

Address Koch Hospital Date signed 9/30/43

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

76
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(Licensed Embalmer's Statement on Reverse Side)

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

W. W. Wilkins

Licensed Embalmer No.....

3878

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.