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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36150

State File No. \_\_\_\_\_

FILED DEC 9 1943  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10504

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. 13 Days  
(Specify whether \_\_\_\_\_)  
In this community 42 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 218 South Eighth St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. \_\_\_\_\_

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3. (a) PRINT FULL NAME Jow Bo

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

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

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

7. Birth date of deceased December 26, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 10 30 hr. min.

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

10. Usual occupation Laundry Worker  
Laundry

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

12. Name Chow Gee China  
13. Birthplace \_\_\_\_\_ (State or foreign country)

14. Maiden name Wong See  
15. Birthplace China  
(City, town, or county) (State or foreign country)

16. (a) Informant Aunt F. Morrison

(b) Address 1515 Lafayette Avenue, St. Louis, Missouri

17. Autopsied (Barial, cremation, or removal) Date thereof 11-30-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 5500 Rutland

19. (a) NOV 30 1943 (Date received local registrar) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25,  
year 1943 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from October 12, 1943 to November 25, 1943

that I last saw him alive on November 25, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

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

Other conditions pericardial effusion  
(Include pregnancy within 3 months of death)

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) (e) Means of injury \_\_\_\_\_

23. Signature J. P. Pope (M. D. or other) 11/26/43  
Address 1515 Lafayette Avenue Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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.**