

FILED DEC 3 1943 **318**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis 18th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether 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. 18 S. Eighth St.
(If rural, give location)

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

3. (a) PRINT FULL NAME TAT LEONG

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race Yellow

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Quan Chee

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 28 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 34 13 hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER { 12. Name Unknown

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

MOTHER { 14. Maiden name Unknown

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

16. (a) Informant Joe Jone

(b) Address 18 S. Eighth St.

17. (a) Burial (b) Date thereof 11/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

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

(b) Address 928 N. Grand

19. (a) NOV 21 1943 (Date received local registrar)

J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1943 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Nov 11, 1943, to Oct 15, 1943
that I last saw him alive on Oct 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
(Coronary occlusion) Duration _____

Due to Chronic Endocarditis
Tachycardia 40 years

Due to Coronary occlusion
Imag normal ang. 179

Other conditions Acute
(Exclude pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy none

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)

(a) Means of injury _____

23. Signature R. Bullard (M. D. or other)

Address 3829 Westmunt Pl. Date signed 11/24/43

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 *John Gonoski*
Licensed Embalmer No... *3398*
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.