No. 300
10.48

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25542

BIRTH NO. 49372-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6854

1. PLACE OF DEATH
a. COUNTY: 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (In this place): 1 HR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS MATERNITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2177
d. STREET ADDRESS (If rural, give location): 4480 Delmar

3. NAME OF DECEASED (Type or Print)
a. (First): Infant
b. (Middle):
c. (Last): YEE

4. DATE OF DEATH (Month) (Day) (Year): 7-24-51

5. SEX: FEMALE 5

6. COLOR OR RACE: YELLOW

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NO 0

8. DATE OF BIRTH: 7-24-51

9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): ST. LOUIS, MISSOURI 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WING KEE YEE

13b. MOTHER'S MAIDEN NAME: MAY SUEY YOUNG

14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: WING KEE & MAY SUEY YEE 4480 DELMAR BLVD.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Congenital absence of both kidneys & ureters — Duplication of uterus & vagina

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 757.3

22. *I hereby certify that I attended the deceased from* 7-24- *, 19*51*, to* _____ *, 19*___*, that I last saw the deceased alive on* 7-24 *, 19*51*, and that death occurred at* 7:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles R. Gulick, M.D.

23b. ADDRESS: 3720 Washington Blvd.

23c. DATE SIGNED: 7/25/51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE: AUG 1 1951

24c. NAME OF CEMETERY OR CREMATORY: Unknown Burial

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: AUG 1 1951

REGISTRAR'S SIGNATURE: J B Sasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.