

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38553

FILED NOV 18 1955

1003

State File No.

Registrar's No. 9539

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

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|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | c. LENGTH OF STAY (in this place) _____ | c. CITY OR TOWN <u>St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>18 So. 8th St.</u> | | e. STREET ADDRESS (If rural, give location) <u>25 18 South 8th St. 225/0</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) _____ c. (Last) <u>Lum</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1955</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Yellow</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>Unknown</u> | 9. AGE (In years last birthday) <u>94</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laundry</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry Business</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Boston China</u> | 12. CITIZEN OF WHAT COUNTRY? <u>China</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Hai Long</u> ADDRESS <u>25 So. 8th St.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Generalized Arteriosclerosis</u> | | |
| | DUE TO <u>Sclerosis</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420.1</u> | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Patrick J. Taylor Coroner</u> | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>11.1.55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 2, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>NOV 1 1955</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | FUNERAL DIRECTOR'S SIGNATURE <u>W. Bull Campbell</u> ADDRESS <u>5420</u> |
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(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Dearl Morris*

Licensed Embalmer No. *33*

P. P. Address *603 Boen Lemay 2nd mo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.