MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG 12 1938

24087
Do not use this space.

791
1003
6781

1. PLACE OF DEATH
(a) County ..... Registration District No. ..... Registered No. 6781
(b) Township ..... Primary Registration District No. 1003
(c) City St. Louis, Missouri (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gee Leong
(a) Residence, No. 716 Market (rear) St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Yellow
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1871
7. AGE: Years 67 Months 5 Days 0 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. market
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) China

FATHER
13. NAME Leong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) China

MOTHER
15. MAIDEN NAME Chen Shee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) China

17. INFORMANT Chas Quin
(ADDRESS) 716 Market St Stl
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE July 30, 1938
19. FUNERAL DIRECTOR (NAME) John P Collins
(ADDRESS) 928 N Grand Blv
20. FILED JUL 29 1938 J. F. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-26, 1938, to 7-27, 1938
I last saw him alive on 7-27, 1938. Death is said to have occurred on the date stated above, at 10:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? N.D.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Edward Massey, M. D.
(Address) BARNES HOSPITAL

Licensed Embalmer's Statement on Reverse Side)

IMPORTANT: PLEASE WRITE CLEARLY. THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 Albert E. Hoppe

Licensed Embalmer No. 2991

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, above space should be left blank.