

Registration District No. **791** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

PLACE OF DEATH **St. Louis Mo**
(a) County **Central Hospital**
(b) City or town **Central Hospital**
(c) Name of hospital or institution: **Central Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **SHEU GUAR WING**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **Yellow** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Jane Chee** 6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **Sept 8 1902**
(Month) (Day) (Year)

8. AGE: Years **38** Months **1** Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation **waiter** **9**

11. Industry or business **25 S. 8th (Joe Lewis)** **9**

12. Name **Unknown** **9**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Joe Ten**

(b) Address **25 S. Eighth**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10/10/40** (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla**

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

(b) Address **928 N Grand**

19. (a) **OCT 10 1940** (Date received local registrar) (b) **J. H. Walton** (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County _____
(c) City or town **St. Louis 25** (If outside city or town limits, write "RURAL")
(d) Street No. **25 S Eighth** (If rural, give location)
(e) If foreign born, how long in U. S. A. **20** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **8th** year **1940** hour **9** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Sept 17th** 1940 to **Oct 8th** 1940 that I last saw him alive on **Oct 8th** 1940 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Hemorrhagic nephritis**
Due to **Probably chr. nephritis**
Due to _____

Other conditions (Include pregnancy within 3 months of death) **131**

Major findings: Of operations _____
Of autopsy **None**

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. H. Walton** (M. D. or other)

Address **4518 Washington** Date signed **Oct 9 1940**

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 *J. S. Sullivan*
Licensed Embalmer No. *1122*

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.