

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Hospital  
(d) Length of stay: In hospital or institution 1  
In this community 1 years, months or days

3. (a) PRINT FULL NAME WONG YEE  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

5. Color of race Yellow 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife WEE YEE (c) Age of husband or wife if alive 18 years  
7. Birth date of deceased May 25 - 1928 (Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Wong So

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

14. Maiden name Dem Kuen

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

16. (a) Informant WEE YEE  
(b) Address 4581 Chouteau

17. (a) Burial (b) Date thereof 10/30/40  
(c) Place: burial or cremation Walhalla

18. (a) Signature of funeral director J. P. Collins & Bros  
(b) Address 928 No Grand  
19. (a) OCT 30 1940 (b) J. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County 18  
(c) City or town St. Louis  
(d) Street No. 4581 Chouteau  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 10 day 28  
year 1940 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured heart  
ruptured aortic  
aneurysm  
Due to (Ruptured Aorta)  
Due to Cont. Subarachnoidal  
Haemorrhage due to  
Other conditions Excursion of  
Major findings: Right Meningeal  
Of autopsy: Cherry

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 5  
23. Signature Joseph M. Quinn (M. D. or other)  
Address Deputy Coroner

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

MOTHER FATHER

**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**