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No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 171

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 233

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution St. Louis City Hospital Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community _____

2. USUAL RESIDENCE OF DEATH: 000

(a) State Missouri (b) County 17 919

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3610 Olive St. (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Joe Chu Suey

3. (b) If veteran, name war —

3. (c) Social Security No. _____

4. Sex M

5. Color or race Yellow

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Shee Eng

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years abt 78 Months — Days — If less than one day _____ hr. _____ min.

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

10. Usual occupation Checker

11. Industry or business Peach Garden Restaurant

MOTHER FATHER

12. Name Chu Quat

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

14. Maiden name Unknown

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

16. (a) Informant Miss Helen Lomfort

(b) Address 27 N. Sola Drive Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 11 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Chas. A. Bell

(b) Address 4457 Washington Pl.

19. (a) JAN 12 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1944 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from January 5 1944 to January 7 1944; that I last saw him alive on January 7 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations —

Of autopsy Refused

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Franz Steinberg (M. D. or other) M. D.

Address 1515 Lafayette Avenue Date signed 1/7/44

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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

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