

FILED OCT 13 1944 318

Registration District No.

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 days 0
Specify whether years, months or days

In this community 20 years
years, months or days

3. (a) PRINT FULL NAME WONG FOOK

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male | 5. Color Yellow | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chan Fook | 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased October 19, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	11	14	hr. min.

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

10. Usual occupation Laundry owner (retired)

11. Industry or business _____

12. Name Unknown

13. Birthplace China
(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 Louis Song

(b) Address 4457 Westminster

17. (a) Burial (b) Date thereof Oct. 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington Blvd. 8

19. (a) OCT 5 1944 (b) J. Z. Bredet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4457 Westminister
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 8 hour 45 minute A M.

21. I hereby certify that I attended the deceased from Sept 25
19 44 to Oct 3, 19 44
that I last saw him alive on Oct 3, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Uremia 1 year

Due to nephrolithiasis 10 years

Due to Heart 25 years

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

Major findings: _____

Of operations _____

Of autopsy None performed

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. R. Bradley M.D. (M. D. or other)
Address Barnes Hospital Date signed 10-3-44

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 Philip M. Leroy
Licensed Embalmer No. 3281
P. O. Address 4468 Washington

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.