No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29037

Registration District No. 36206 318

Primary Registration District No. 1003

Registrar's No. 8001

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~ 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 23a South 8th Street 9
25 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Leong Fook

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 4

5. Color or race Yellow

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) — (Day) 1872 (Year)

8. AGE: abt. Years 75 Months — Days — If less than one day hr. min.

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

10. Usual occupation Unk

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Joe Jone
(b) Address 18th So. 8th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Vahalla Cemetery

18. (a) Signature of funeral director John P. Collins
(b) Address 928 N. Grand Blvd.

19. (a) AUG 23 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st
year 1947 hour 12:55 minute P M.

21. I hereby certify that I attended the deceased from 8-16-47, 19, to 8-21-47, 19; that I last saw him alive on 8-21-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Bladder

Due to Bladder Calculi

Due to Diverticulum of Bladder

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 13H

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature Albert Repetto MD (M. D. or other)
Address 1515 Lafayette Date signed

Jefferson City Printing Co.

(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 S. Dennehy

Licensed Embalmer No. 4194 &

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.