. No. 2
—1/47
5-17-39

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

#13107

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 42991
Registrar's No. 11532

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County —
(c) City or town 724 Hubert (If outside city or town limits, write "RURAL")
(d) Street No. St. Louis (If rural, give location)
Memorial
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSE MARIE ENG
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Chinese
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 8 (Day) 1935 (Year)

8. AGE: Years 12 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Chi (City, town, or county) Ill. (State or foreign country)
10. Usual occupation School Child
11. Industry or business
MOTHER FATHER
12. Name Paul Eng
13. Birthplace Canton (City, town, or county) China (State or foreign country)
14. Maiden name Mary Wong
15. Birthplace Canton (City, town, or county) China (State or foreign country)
16. (a) Informant Lucilla Eng
(b) Address 724 Hubert
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.
18. (a) Signature of funeral director Chas. A. Bull Mortuary
(b) Address 4355 Washington Av
19. (a) DEC 18 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15th year 1947 hour 6 minute 00 P.M.
21. I hereby certify that I attended the deceased from 12/8/47, 19, to Dec. 15th 19 47 that I last saw her alive on Dec. 15th 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hemorrhagic - chronic
Due to
Due to
Other conditions Cong. liver ? Ht disease, cong.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

23. Signature Charles V. Harrison, M.D. (M.D. or other)
Address 1515 Lafayette Date signed 12/16/47

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 Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis Mo.

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.