

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10553**  
Registrar's No. **1930**

BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If unincorporated corporate limits, write RURAL and give township) <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>20 hrs</b>	c. CITY OR TOWN <b>St Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hosp. No 1</b>		e. STREET ADDRESS (If rural, give location) <b>11 1903 CORA 2119</b>	

3. NAME OF DECEASED a. (First) <b>HENRY</b> (Type or Print)		b. (Middle) <b>YEN</b> (Last)	4. DATE OF DEATH <b>Feb 27 1954</b> (Month) (Day) (Year)	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Chinese</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9 SEPT 1901</b>	9. AGE (In years last birthday) <b>52</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>chef cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shanghai Cafe</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Canton China</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>

13a. FATHER'S NAME <b>Mr Knann</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>ORENA YEN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NO</b>	16. SOCIAL SECURITY NO. <b>492-10-5770</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ORENA YEN 1903 CORA AVE</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Brauche Pneumonia</b>  DUE TO (c) <b>Carcinoma of Pancreas</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21f. HOW DID INJURY OCCUR? <b>157X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>Patrick C Taylor Coronar</b>	22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>3-2-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3 Mar 1954</b>	24c. NAME OF CEMETERY OR-CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis County MO</b>
DATE REC'D BY LOCAL REG. <b>MAR 2 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Reliable Funeral Sys 4500 Newbury Ten</b>	

**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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Paul V. Freeman*

Licensed Embalmer No. *468*

P. O. Address *4729 Ham*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**