

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016384

STATE FILE NUMBER

FILED MAY 8 1959

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1176

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN <u>Moline Acres</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Moline Acres</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9860 Edgefield Dr.</u>				Length of stay in 1b <u>10 mo</u>		d. STREET ADDRESS (If outside, give location) <u>9860 Edgefield Dr.</u>	
3. NAME OF DECEASED (Type or print) First <u>LOCK</u> Middle <u>WONG</u> Last <u>WONG</u>				4. DATE OF DEATH Month <u>Apr.</u> Day <u>27th</u> Year <u>1959</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Asiatic</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 2, 1882</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>* * * * *</u>		11. BIRTHPLACE (City and state or country) <u>Canton China</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>425-62-0188</u>		17. INFORMANT Address <u>Mrs. Helen Wong 9860 Edgefield Dr.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>A.S. Ht. Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>							INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>4200</u>				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY _____ STATE _____
21. I attended the deceased from <u>2/24/59</u> to <u>4/27/59</u> and last saw her alive on <u>4/27/59</u> Death occurred at <u>5:45</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Joseph Sporn, M.D.</u> (Degree or title)				22b. ADDRESS <u>2255 Chambers Rd</u>		22c. DATE SIGNED <u>4/29/59</u>	
23a. BODY CREMATION <u>buried</u>		23b. DATE <u>4/30/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
24. FUNERAL DIRECTOR <u>JOHN STYGAR & SON</u> ADDRESS <u>5541 RIVERVIEW BLVD.</u>			25. DATE RECD. BY LOCAL REG. <u>4-29-59</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, health, welfare, public service, 300 -56, All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

6/10/20
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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.....
J. M. Rister

Licensed Embalmer No. 39

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.