WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

OCT 28 1935

Do not use this space.

31491

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township — Primary Registration District No. 6248B — Registered No. 318
City Jefferson Barracks (No. Veterans, Administration Facility St. Ward)

2. FULL NAME LAWLER, Malachy
(a) Residence, No. 4928 Theodore Avenue St., Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Julia Lawler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 19, 1876

7. AGE: YEARS 59 — MONTHS 6 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bar Tender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unavailable
10. Date deceased last worked at this occupation (month and year): Unavailable
11. Total time (years) spent in this occupation: Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

FATHER
13. NAME: Patrick Malachy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Ireland

MOTHER
15. MAIDEN NAME: Katherine Keefe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Ireland

17. INFORMANT (ADDRESS): W. C. Gibson, M.D. Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 9/12 1935

19. UNDERTAKER (ADDRESS): A. Donnelly & Co. 3840 Lindell Blvd.

20. FILED Sept. 10, 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1935, to September 10, 1935
I last saw him alive on September 10, 1935. Death is said to have occurred on the date stated above, at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, with hypertrophy and dilatation, congestive type of cardiac failure.	Unkn.

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Physical exam., clinical manifestations and laboratory findings. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. C. Gibson, M.D., Chief Med. Officer, M.D.
(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

100M-11-24-33