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.

OCT 12 1938

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

30894
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8331

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. St. Anthony's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Aloys C. H'Lavin 415
(a) Residence, No. 4146 Filmore St. /
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Frances H'Lavin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20th, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	43	3	1	

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

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

FATHER
13. NAME Joseph H'Lavin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Elizabeth Hubeckey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) 4146 Filmore

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE 9-24- 1938

19. FUNERAL DIRECTOR (NAME) Southern
(ADDRESS) 6322 S. Grand Blvd.,

20. FILED SEP 23 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Sept 21, 1938
I last saw him alive on 9/20, 1938. Death is said to have occurred on the date stated above, at 11a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple polyposis of entire colon c̄ carcinoma at ileocecal sphincter, associated c̄ chronic anemia and cachexia	Sept. 1936
Other contributory causes of importance:- Secondary peritonitis	9/17/38

Name of operation ileo-sigmoidostomy Date of Sept. 14, 38
What test confirmed diagnosis? P.M. Was there an autopsy? Yes

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) Wm J Watson M. D.
(Address) 3804 Wilmington

(Licensed Embalmer's Statement on Reverse Side)

Riegard
Watowa
2806 Wel

MAY 10 1945

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, Wilson Collins, or by

Registered Apprentice No....., working under my personal supervision.

Signed Wilson Collins

Licensed Embalmer No. 3887

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.