. S. No. 2
0M—8-43
v. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

Registration District No. 31

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35286

Primary Registration District No. 6076

Registrar's No. 2276

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm: 10-27-44 (Specify whether
In this community 49 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2510 California
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME LAWLESS, JOHN J.

3. (b) If veteran, name war WW-I

3. (c) Social Security No. 494-05-3534

4. Sex M

5. Color or race White

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mae Lawless

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased January 31, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	9	4	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business -

FATHER
12. Name Sylvester Lawless
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rose Cassidy
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Vet. Adm. Records

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-44
(Month) (Day) (Year)

(c) Place: burial or cremation National C. Jeff. Bks.

18. (a) Signature of funeral director Wirth Bros. L & N Co

(b) Address 2929 S. Jefferson Av.

19. (a) NOV 8 1944 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1944 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from October 27, 1944, to November 5, 1944;
that I last saw him alive on November 5, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA, GASTRIC	UNK.
Due to 46m	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Exploratory Incision
June 7, 1944
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? (c) Name of injury

23. Signature W. A. GERMAN, M.D. (M.D. or other)
Chief Medical Officer

Address VAF-Jeff. Brks., Mo. Date signed 11-6-44

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

Signed Edgar F. Witt

Licensed Embalmer No. 2117

P. O. Address 2929 S. Jefferson

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.