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

Do not use this space.

28736

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 8198

Township..... Primary Registration District No. 1003 Registered No. .....

City..... (No. Beaumont Hosp St. ..... Ward)

2. FULL NAME Joseph Costa

(a) Residence No. 1222 N 9th St., 25 Ward. .....
(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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1-1924

7. AGE: Years 3 Months 11 Days 9 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nebel
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Henry Costa
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna Derosa
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ills
(STATE OR COUNTRY)

14. INFORMANT Henry Costa
(Address) 1222 N 9th St

15. FILED AUG 12 '28 19..... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1928, to Aug 10, 1928 that I last saw him alive on Aug 10, 1928, and that death occurred, on the date stated above, at 1135 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mastoiditis
Following Otitis Media
(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) 86 W
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 1222 N 9th St
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Aug 6 + 90
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Otto L. Sahlender, M. D
Aug 11, 1928 (Address) 4906 Washington Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla
DATE OF BURIAL: Aug 13 1928

20. UNDERTAKER: Benserk Niehaus
ADDRESS: 1138 N 3

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.

...NET, WITH UNFADING INK—THIS IS A PERMANENT RECORD