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.

MAR 25 1936

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

Do not use this space.

8725

File No.
Registered No. 20

1. PLACE OF DEATH
County St. Louis
Township Central
City University City, Mo. No. 1030a East Park Pl., St. Ward)
Registration District No. 1160
Primary Registration District No. 4470

2. FULL NAME Richard Costello,
(a) Residence, No. 1030a East Park Pl., St.,
(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 Lottie Costello

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1870.

7. AGE: Years 65 | Months 9 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, 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) Illinois

FATHER
13. NAME Micheal Costello
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Johannah English
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT John Costello
(ADDRESS) Paducah, Ky.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Feb. 4/36, 19

19. UNDERTAKER Jos. W. Clark,
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED Feb 3, 1936 Lena V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2/36, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.10 A.M.
The principal cause of death and related causes of importance were as follows:

Chr. arthritis deformans involving large joints. Chr. arteriosclerosis, chr. myocarditis.

Date of onset

Other contributory causes of importance:
Acute myocardial dilatation.
OVER

Name of operation: Coroner's view Date of ..... no
What tests confirmed diagnosis? ..... Was there an autopsy?

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? 2/3/36
If so, specify
(Signed) Peter L. Simmons, M. D.
(Address) 3718 Jennings St.

Coroner Simmons R. Mo

History; has been unable to do anything for past 7 years since automobile accident which layed him up in St. John's hospital for six months. Internal injuries, fracture of arm, collar bone and head injury unable to make a living since.