

REC'D JUL 12 1938

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

20574  
Do not use this space.

1. PLACE OF DEATH:

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No..... Registered No. **5713**

(c) City **St. Louis** (d) Street No. **5220 Lexington** 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 **Mary Costello**

(a) Residence, No. **2529 Madison** St. **20** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William T. Costello**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 26, 1864**

7. AGE YEARS **66** MONTHS **6** DAYS **27** If LESS than 1 day, .....hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

FATHER

13. NAME **Jermiah Costello**

14. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME **Catherine Carroll**

16. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Ruth Valcher 5220 Lexington**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **June 27 1938**

19. FUNERAL DIRECTOR (NAME) **Stroet Carroll** (ADDRESS) **1600 Natural bridge**

20. FILED **JUN 24 1938** **J. F. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 22, 1938**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **6:30 PM**

The principal cause of death and related causes of importance were as follows:

**Coronary Occlusion; Arterio Sclerosis.**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 **See above**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **NO**

If so, specify..... (Signed) **Joseph M. Quinn, M.D.** (Address) **Security Corner**

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.

**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 .....

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

Signed.....

*Frank H. Short*

Licensed Embalmer No. 2265

P. O. Address.....

**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, above space should be left blank.**