

REG'D OCT 14 1939  
Registration District No. 791  
1008

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County City Of St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4462 Penrose St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
Life  
(Specify whether \_\_\_\_\_)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County §  
(c) City or town St Louis 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4462 Penrose St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Rosana Costello Gleason  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 488 09-0904

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife James Gleason  
6. (c) Age of husband or wife 32 years  
7. Birth date of deceased Nov 1 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 10 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John P. Costello  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Agnes Lee  
(City, town, or county) (State or foreign country)  
15. Birthplace Washington D. C.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_  
(b) Address 4462 Penrose St

17. (a) Burial (b) Date thereof 9/18/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot - Carroll  
(b) Address 4600 Natural Bridge Ave

19. (a) SEP 16 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16th  
year 1939 hour 12 minute 25a M.

21. I hereby certify that I attended the deceased from September 11, 1939, to Sept 16, 1939, that I last saw her alive on Sept 15<sup>th</sup> 11:00 PM, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Central Embolus  
Pulmonary Embolus Duration 4 days  
10 hrs.

Due to Streptococci Endocarditis 20 yrs  
Septicemia to me.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: none done  
Of operations \_\_\_\_\_  
Of autopsy no post.  
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) \_\_\_\_\_  
(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 \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
28. Signature W. H. Finckman (M. D. or other) MD  
Address 4126<sup>th</sup> Phares Ave Date signed 9-16-39

WHILE FILLING IN USE WRITING BLACK INK—MAKE A PERMANENT RECORD  
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.

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**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..... *F. Paul H. Stover* .....

Licensed Embalmer No. 2245 .....

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.**