

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 Days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME George B Costello 234

3. (b) If veteran, name war Nil 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eda 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Aug 10 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Board Of Education

MOTHER FATHER { 12. Name James Costello

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Brown

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Eda Costello

(b) Address 4720 Northland Ave

17. (a) Burial (b) Date thereof 11/11/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) NOV 10 1939 (b) J. P. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4720 Northland Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day Nov
year 1939 hour 3:10 PM minute _____ M.

21. I hereby certify that I attended the deceased from October 11, 1939 to November 8, 1939; that I last saw him alive on Nov 8th, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder, 4 yrs urinary

Due to _____

Due to _____

Other conditions 51
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Carcinoma grade 4 involving 7/8 of Bladder
Of operations Carcinoma grade 4 of bladder metastasis along & water
Of autopsy Carcinoma grade 4 of bladder metastasis along & water

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harley B. [Signature] (M. D. or other)

Address 3651 Grand Blvd. Date signed 11/11/39

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

REV. 5-17-39
U.S. GPO: 1939

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.....

Horner W. Fritz

Licensed Embalmer No. 3882

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.