

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.

JAN 12 1939 791

Registration District No. 1000

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3400 S. Grand Bl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Costello 234

8. (b) If veteran, name war no 8. (c) Social Security No. no

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

6. (b) Name of husband or wife Thomas Costello 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 10, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 1 26 hr. min.

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

10. Usual occupation Retired Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Morrissey

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

MOTHER FATHER { 14. Maiden name Bridget Fox

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

16. (a) Informant's own signature Thomas Morrissey

(b) Address 3657 Wyoming

17. (a) Burial (b) Date thereof Dec. 9, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. Peter & Paul Cm.

18. (a) Signature of funeral director Wick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) DEC 8 1939 (b) _____
Received local health officer's signature

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3657 Wyoming St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1939 hour 6 minutes 45 P.M.

21. I hereby certify that I attended the deceased from Apr 29 to Dec 6, 1939;
that I last saw her alive on Dec 5, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death
Degenerative Heart Disease
Hypertension
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
Splenic Anemia

Major findings:
Of operations _____
Of autopsy _____

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) Means of injury 1

23. Signature [Signature] (M. D. or other)
Address Union Club St Date signed _____

Duration _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

Funeral Home

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 *Nancy Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette

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.