DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13257

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 3459

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 9
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2519 St. Louis Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community About 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2519 St. Louis Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? About 67 years.

3. (a) PRINT FULL NAME Margaret Costello 234

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 10, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	4	hr. min.

9. Birthplace Unknown (City, town, or county) Ireland 5 (State or foreign country)

10. Usual occupation Housework

11. Industry or business 5

FATHER
12. Name Francis Costello
13. Birthplace Unknown (City, town, or county) Ireland 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Nell Costello
(b) Address 2519 St. Louis Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave

19. (a) APR 16 1940 (Date received local registrar) (b) J. F. Burdeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1940 hour 4 minute 45 A M.

21. I hereby certify that I attended the deceased from April 11, 1940, to April 14, 1940;
that I last saw her alive on April 11, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Chronic myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 C

Of autopsy

Duration

PHYSICIAN
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

23. Signature A. H. Sewing (M. D. or other) MD
Address 2342 St. Louis Date signed 4/15/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING 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.

I X19511

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 Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St Louis Mo

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.