

S. No. 2
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5-17-39
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REG AUG 28 1941 791
Registration District No. **791**

Primary Registration District No. **1003**

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88-4977-10-8974

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

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:
Enroute City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

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

(d) Street No. **2403 Hadley Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jacob Edward Costley**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

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

6. (b) Name of husband or wife **Margaret** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Nov. 1873**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	7	37	hr. min.

9. Birthplace **Kane Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Costley**

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

14. Maiden name **Sarah Patman**

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

16. (a) Informant **Mrs. Margaret Costley**

(b) Address **2403 Hadley Ave.**

17. (a) **Removal** (b) Date thereof **7/15/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Granite City, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **JUL 15 1941** (b) **J. F. Brudick**
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **13th**
year **1941** hour **2:15** minute **0** M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
**Adherent Pericardium
Cardiac Hypertrophy**

Due to _____

Due to _____

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

Major findings:
Of operations _____

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? _____

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

23. Signature **Alfred J. Perry** (M. D. or other) _____

Address **Deputy Coroner** Date signed **7/15/41**

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 *J. Wm B. Wiley*
Licensed Embalmer No. *3653*
P. O. Address *17 Lane, 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, fact should be so stated above.