

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**FILED AUG 28 1941**  
Registration District No. 191

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 23527  
Registrar's No. 5870

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
000  
17  
9

1. PLACE OF DEATH:  
(a) County 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:  
120 N. Newstead 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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 120 N. Newstead Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Costello  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 16th.,  
year 1941 hour 6 minute 50 P. M.

4. Sex M. 5. Color or race W.  
6. (a) Single, widowed, married, divorced M.  
(b) Name of husband or wife Mary Costello  
(c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Unk. Unk. 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June to July 16, 1941.  
that I last saw him alive on July 16, 1941,  
and that death occurred on the date and hour stated above.

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

Immediate cause of death Coronary occlusion in extent  
Due to Arterio-sclerosis

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Plumber

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

11. Industry or business \_\_\_\_\_  
12. Name James Costello  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unk.  
15. Birthplace Unk.  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations none  
Of autopsy none  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mary Costello  
(b) Address 120 N. Newstead Ave.  
17. (a) Burial (b) Date thereof 7-19-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) X  
(b) Date of occurrence X  
(c) Where did injury occur? X  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.  
19. (a) JUL 18 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

While at work? X (Specify type of place) (e) Means of injury X  
23. Signature W. H. ... (M. D. or other)  
Address 3700 Washington Date signed 7-17-41

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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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

**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.**