No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29311

Registration District No. 184 · Primary Registration District No. 111 · Registrar's No. 1710

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARYS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community LIFE
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2228 MULLANPHY STR.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES COSTELLO
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased AUGUST (Month) 6 (Day) 1925 (Year)

8. AGE: Years 16 Months 0 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation NONE
11. Industry or business
FATHER 12. Name THOMAS COSTELLO
FATHER 13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
MOTHER 14. Maiden name MAE McCORMACK
MOTHER 15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)
16. (a) Informant Thomas Costello
(b) Address 2228 Mullanphy
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Culkin & Kelly
(b) Address 1416 N. Taylor ave
19. (a) AUG 14 1941 (Date received local registrar) (b) Ed McGauran MD (Registrar's signature) KL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 13th day ..... year 1941 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from July 21 1941 to Aug 13 1941 and that I last saw him alive on Aug 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myelogenous Leukemia — Duration 2 mos?
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 74
Major findings:
Of operations
Of autopsy None

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 [illegible] (M. D. or other) ✓
Address 415 Beaumont Bldg Date signed 8/14

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.