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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33415

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 8371

1. PLACE OF DEATH:

(a) County: St. Louis, Mo.

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

(c) Name of hospital or institution: City Sanitarium

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 mos.

In this community: 62yrs.10mos.6days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACEASED: 000

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis 9 13

(If outside city or town limits, write "RURAL") 0

(d) Street No.: City Infirmary

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Ida Costello

3. (b) If veteran, name war: -

3. (c) Social Security No.: -

4. Sex: Female 2

5. Color or race: colored

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

6. (b) Name of husband or wife: Not Known

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

7. Birth date of deceased: Dec. 14, 1878 (Month) (Day) (Year)

8. AGE: Years 62 | Months 10 | Days 6 | If less than one day: hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: -

11. Industry or business: -

FATHER 12. Name: Not Known

FATHER 13. Birthplace: Not Known 9 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Not Known

MOTHER 15. Birthplace: Not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant: L. Deggendorf

(b) Address: City Sanitarium

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-23-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: J. H. Harrison

(b) Address: 2906 Lafayette

19. (a) OCT 22 1941 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 20 year: 1941 hour: 6:30 minute: P. M.

21. I hereby certify that I attended the deceased from 8-21-1941, 19..., to 10-20-41, 19...; that I last saw h... alive on 10-20-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Carbuncle

Due to: Carbuncle-Multiple due to Staphlococcus Septicemia 10-7-41

Due to: Myocarditis with Myocardial degeneration

Other conditions: Senility 8-21-41x

(Include pregnancy within 3 months of death)

Duration

Major findings:

Of operations:

Of autopsy: No.

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: 0

23. Signature: N. J. Bublis (M. D. ~~or other~~)

Address: (10-21-41) 5400 Arsenal Date signed

(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 Myself, Registered Apprentice No. ..... working under my personal supervision.

Signed Glenn E. Anderson

Licensed Embalmer No. 4141

P. O. Address St. Louis MO

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

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