

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 7 1942
791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3820
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 9 Days
In this community. 2 Yrs.
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. 1237 No. Ninth St.,
(If rural, give location)
(e) Citizen of foreign country? Ireland (Yes or No)
If yes, name country. Ireland

3. (a) PRINT FULL NAME William Costello
(b) If veteran, name war. Unknown
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 24,
year. 1942 hour 5:45 minute. A. M.

4. Sex. Male
5. Color or race. White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Marie
6. (c) Age of husband or wife if alive.....years
7. Birth date of deceased. August 1, 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 16,
19 42 to April 24, 19 42
that I last saw him alive on April 24, 19 42
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 8 23 hr. min.

Immediate cause of death:
Arteriosclerotic Heart Disease
General Arteriosclerosis
Due to.....
Due to.....
Other conditions:
(Include pregnancy within 3 months of death)
113
100
73

9. Birthplace. Ireland
(City, town, or county) (State or foreign country)
10. Usual occupation. Laborer
11. Industry or business. Unknown
12. Name. Michael Costello
13. Birthplace. Ireland
(City, town, or county) (State or foreign country)
14. Maiden name. May Furry
15. Birthplace. Ireland
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy. Not done.
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant. Ann Morrison
(b) Address. St. Louis City Hospital.
17. (a) BURIAL (b) Date thereof. 4-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation. CALVARY
18. (a) Signature of funeral director. Raylen Kelly
(b) Address. 1416 N. Taylor Ave.
19. (a) APR 29 1942 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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. M W Davis (M. D. or other)
Address. 1515 Lafayette Avenue. Date signed. 4/24/42

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

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.....

.....
working under my personal supervision.

Myself

....., Registered Apprentice No.....

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 with the above constitutes grounds for revocation of license.)

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