

ED JUL 13 1942 791

State File No. ....

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. 5652

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days  
Life (Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Charlie Costello

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 2 5. Color or race Colored 2 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased December 25, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 6 4 hr. min.

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business Laborer

12. Name Henry Costello

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

14. Maiden name Mary Unknown

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

16. (a) Informant Shirley M. Smith

(b) Address 2601 N. Whittier

17. (a) Date of death July 1, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. R. ...

(b) Address 3530 ...

19. (a) JUL 4 1942  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis, 21 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. Star Hotel Jefferson Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29,  
year 1942 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from June  
4, 1942, to June 29, 1942;  
that I last saw him alive on June 29, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Pulmonary Carcinoma  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
172  
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 M. E. ... (M.D. or other)  
Address 2601 N. Whittier Date signed 7/3/42

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**