S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#23642

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35761

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9787

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-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo 1125

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 218 to 4th St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Matt Costloo

3. (b) If veteran, name war

3. (c) Social Security No. 115-29985

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 Aug (Month) 18 (Day) 1854 (Year)

8. AGE: Years 90 Months 2 Days 26 If less than one day hr. min.

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

10. Usual occupation LABOR

11. Industry or business

FATHER
12. Name U.K.
13. Birthplace U.K. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name U.K.
15. Birthplace U.K. (City, town, or county) (State or foreign country)

16. (a) Informant St Vincent de Paul Sen
(b) Address 2325 Mullanphy

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 18 1944 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly
(b) Address 4386 Lindell

19. (a) NOV 18 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th year 1944 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 10/19/44, 19, to Nov. 14th, 1944; that I last saw him alive on Nov. 14th, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic Abscess

Due to Carcinoma of Prostate

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

Duration

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 E. W. Gebrinski (M. Drogother)
Address 1515 Lafayette Date signed 11/14/44

(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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.