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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11019

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2506

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

9931

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
5613 St. Louis Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")

(d) Street No. 5613 St. Louis Avenue 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Catherine Costello

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank J. Costello

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

7. Birth date of deceased February (Month) 6 (Day) 1868 (Year)

8. AGE: Years 78 Months 1 Days 7 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Max Schmitt SCHMITT
13. Birthplace GERMANY (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant Francis J. Costello
(b) Address 5613 St. Louis Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [signature]
(b) Address 2117 East Grand Avenue

19. (a) MAR 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Jan 24, 1946, to March 13, 1946 that I last saw her alive on March 12, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to: Following fracture	
Due to: J. Right Femur	Jan 24
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Accident, 000
(b) Date of occurrence Jan 24 46
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above (Specify type of place)
While at work? (e) Means of injury Fall

23. Signature A H Jost (M. D. or other) MD
Address 2807 N. Grand Date signed 3/14/46

(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 Frank [illegible]

Licensed Embalmer No. 3041

P. O. Address 2117 E. [illegible]

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.