

FILED JUL 3 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5691**

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:
3809 S. MAIN ST /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3809 S. MAIN
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME MARGARET COSTELLO
3. (b) If veteran, name war No
3. (c) Social Security No. No

20. DATE OF DEATH: Month JUNE day 25
year 1946 hour 5 minute 30 P.M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JESSE COSTELLO
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JULY 5 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 10 1944 to June 25 1946
that I last saw her alive on June 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 2 1/2 years
Mitral Regurgitation
Tachycardia - Auricular
Due to Fibrillation

8. AGE: Years Months Days If less than one day
58 11 20 hr. _____ min.

Other conditions Syphilis Duration more than 2 1/2 years
(Include pregnancy within 6 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace DAK MILL KANSAS
(City, town, or county) (State or foreign country)
10. Usual occupation AT HOME

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 _____

11. Industry or business _____
12. Name JAMES HOLLINS WORTH
13. Birthplace KANSAS
(City, town, or county) (State or foreign country)
14. Maiden name RACHEL HARGRAVES
15. Birthplace KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Costello
(b) Address 3809 S. Main
17. (a) Burial (b) Date thereof June 28, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus Ch
18. (a) Signature of funeral director Shirley Buz
(b) Address 2201 S. Grand
19. (a) JUN 27 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

23. Signature Leroy E. Ellison (M. D. or other) MD
Address 3610 So Broadway Date signed _____
St Louis Missouri

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

MOTHER FATHER

Dr. Edison
Barry's Maine

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 Wm. G. Steward

Licensed Embalmer No. 3722

P. O. Address 412 Duchiquette

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.