

FILED OCT 31 1946

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2013

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital 0
 (If not in hospital or institution, write street number or location)
Since 8-20-46
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 51 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ooc
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1913 Division Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25
 year 1946 hour 8:45 minute A M.
 21. I hereby certify that I attended the deceased from
8-20-46 1946 to Sept. 25 1946
 that I last saw h. in alive on Sept. 25 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death CACHEXIA Duration UNK
 Due to 110
 Due to _____

Other conditions PLEURAL EFFUSION; PLEURISY
 (Include pregnancy within 3 months of death)
IBRINOFIBROUS LEFT; ATELECTASIS LEFT
 Major findings: No Operation of operations; LUNG
 Of autopsy Autopsy Performed
(See cause of death)

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? L. E. Stilwell (Specify type of place)
 of injury _____
 23. Signature L. E. STILWELL, M.D. (M. D. or other)
Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 5-25-46
 Address _____

3. (a) PRINT FULL NAME COSTELLO, Sidney G.

3. (b) If veteran, name war World I
 3. (c) Social Security No. 487136495

4. Sex Male 2/ 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased. June 23 1895
 (Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 2
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Musician

11. Industry or business _____

12. Name George Costello

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

14. Maiden name Mary Johnson

15. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Registrar Vet. Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 9-30-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Gates Funeral Home
 (b) Address St. Louis, Missouri

19. (a) 9-30-46 (b) Ruth Talen
 (Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

3400

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.....

Thomas J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

4250-1875

P. O. Address.....

4107 Finney Ave.

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.