S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28944

FILED SEP 2 1947

Registration District No. 1003

Primary Registration District No.

Registrar's No. 7970

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

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 Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4019a Labadie Ave. 9
(If rural, give location)
10
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

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

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Hilda Costello
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May 2nd., 1884 (Month) (Day) (Year)

8. AGE: Years 63 | Months 3 | Days 19 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Business Rep.
11. Industry or business Teamsters Local # 682
MOTHER-FATHER
12. Name John Costello
13. Birthplace Italy 5 (City, town, or county) (State or foreign country)
14. Maiden name Clotilda Ghiglio
15. Birthplace Italy 5 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Hilda Costello
(b) Address 4019a Labadie Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) AUG 22 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st., year 1947 hour 6 minute 10 p. M.

21. I hereby certify that I attended the deceased from July 25 1947 to Aug. 21 1947 that I last saw him alive on 8-21-47 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to

Due to

Other conditions Liver Toxemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations Diabetic Gangrene
Sclerosis Blood vessels
Of autopsy

Duration

61

PHYSICIAN
Underline the cause of 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 W. W. Farris (M. D. or other)
Address 3505 N. Grand Date signed 8-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3505 N.Grand Blvd. 1-2

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.