

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17318

BIRTH NO. 8 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1226

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 8 months		d. STREET ADDRESS (If rural, give location) 1442 W. 11th R.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HILL TOP House			

3. NAME OF DECEASED (Type or Print)	a. (First) ALFERD	b. (Middle)	c. (Last) Costello	4. DATE OF DEATH (Month) (Day) (Year)
				5 29 55

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH OCT 14, 1902	9. AGE (In years last birthday) 53	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
--------------------	-------------------------------	--	--------------------------------------	---	-------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRANSIT	10b. KIND OF BUSINESS OR INDUSTRY St. Louis County TRANSIT	11. BIRTHPLACE (City and State or Foreign Country) ITALY	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	---	--

13a. FATHER'S NAME FRANK Costello	13b. MOTHER'S MAIDEN NAME Rose Chickachop	14. NAME OF HUSBAND OR WIFE UNKNOWN
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WORLD WAR I	16. SOCIAL SECURITY NO. 498-07-8254	17. INFORMANT'S SIGNATURE OR NAME DOLORES SANFILIPPO	ADDRESS 1442 W. 11th R.
---	--	---	--------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Cirrhosis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
	2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Apr 17, 1955** to **May 29, 1955**, that I last saw the deceased alive on **May 29, 1955**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John G. McInerney M.D.	23b. ADDRESS 5014 Shelby av St Louis	23c. DATE SIGNED 5/30/55
--	---	---------------------------------

24a. BURIAL CREMATATION	24b. DATE JUNE 6 55	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
-------------------------	----------------------------	---	--

DATE REC'D BY LOCAL REG. 5/31/55	REGISTRAR'S SIGNATURE Herbert H. Noms, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE CENTRAL FUNERAL HOME	ADDRESS 1841 W. CASS
---	--	--	-----------------------------

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

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

J. M. Pister

Licensed Embalmer No. 39801

P. O. Address St. Louis Mo

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.