

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1956

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>620</u>			
1. PLACE OF DEATH a. COUNTY SAINT LOUIS:				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY ST. LOUIS:	
b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON			c. LENGTH OF STAY (In this place) DOA	c. CITY (If outside corporate limits, write RURAL and give township) OLIVETTE: 4000			d. STREET ADDRESS (If rural, give location) # TO CROSS WINDS		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL:				4. DATE OF DEATH (Month) (Day) (Year) MARCH 4 1956.					
3. NAME OF DECEASED (Type or Print) a. (First) MARK		b. (Middle) HAMILTON		c. (Last) COSTELLO JR.					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DECEMBER 28 1923		9. AGE (In years last birthday) 32		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAPT U.S. AIR FORCE			10b. KIND OF BUSINESS OR INDUSTRY LAWYER	11. BIRTHPLACE (State or foreign country) NEW YORK CITY, N. Y.			12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME MARK H. COSTELLO SR.			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE RUTH CLARKSON COSTELLO				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES:		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME PALMER L. CLARKSON				ADDRESS 6325 ELLENWOOD AVE	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracturing, probable co-existent brain damage and shock						INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8234								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 32						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clayton St. Louis Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) March 4, 1956 3:37 a.m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Lost control of car which struck building				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Ernest J. Hillman, Coroner				23b. ADDRESS Clayton 5, Mo.		23c. DATE SIGNED 3-6-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 6/56	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI.				
DATE REC'D BY LOCAL REG. 3-5-56		REGISTRAR'S SIGNATURE Herbert B. Romberg		25. FUNERAL DIRECTOR'S SIGNATURE C. R. LUPTON & SONS 7233 DELMAR BLV'D.					

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

Clarence H. Miller

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.