ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

=62-003628

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 340

FILED JAN 19 1962

AMENDED

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
14	John	Joseph	2/1/62

BY AFFIDAVIT OF Informant DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Incarnate Wd. Hosp. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 5202 Idaho — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Beatrice M. Costello

4. DATE OF DEATH Month Day Year: Jan. 6, 1962

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Widowed ☒ Never Married ☐ Divorced ☐
8. DATE OF BIRTH: Jan.7,1884
9. AGE (last birthday): 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Wm. C. Schmitz
13b. MOTHER'S MAIDEN NAME: Augusta Stocker
14. NAME OF HUSBAND OR WIFE: John ~~Joseph~~ P. Costello

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.: unk Mr.
17. INFORMANT: Earl Costello — Address: 2 Winslow, St. Louis 31 Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 16 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-28-60, to 1-6-62 and last saw her/him alive on 1-5-62
Death occurred at 1015 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Andrew G. Kleen, M.D.
22b. ADDRESS: 4632 So Grand Blvd
22c. DATE SIGNED: 1-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1-9-62
23c. NAME OF CEMETERY OR CREMATORY: SS Peter & Paul Cem.
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: Southern Funeral Home, 6322 S. Grand, St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: JAN 9 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

Dr Andrew Kilem
4632 Grand
Til 4 PM

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_____
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 4247

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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