MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
6935

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 1899
Township ..... Primary Registration District No. ..... Registered No. .....
City St Louis (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Daniel T Costello

(a) Residence. No. 3829 Lafayette St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ursula Costello

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7th 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	1	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) 1180
(c) Name of employer National Leader

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

PARENTS
10. NAME OF FATHER Frank Costello
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Ellen Moran
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Ursula Costello
(Address) 3829 Lafayette

15. FILED FEB 21 1928, 19..... May E Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 30, 1928, to Feb 19, 1928, that I last saw h. alive on Feb 18, 1928, and that death occurred, on the date stated above, at 6.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrum of Left Bladder
memory / Bright
Cerebrum of Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Dilitation of Stomach (Pos Positive) (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/16/28
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L. A. Thompson M. D.
Nov. 1928 (Address) 616 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary	2-21 1928
20. UNDERTAKER	**ADDRESS**
Arthur J Donnelly	2019 Rankin

Mt Bedr

8:30 - 9:30

2 - 4