

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

Do not use this space.

42915

1. PLACE OF DEATH

County.....
Township.....
City *St Louis* (No. *city 1000*)

Registration District No. *791*
Primary Registration District No. *1003*

File No.
Registered No. *12185*
St. Ward)

2. FULL NAME

William Costello
(a) Residence. No. *369 Evans* St. *11* Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *unknown*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
11 5 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Fireman*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer *Christian Science*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

10. NAME OF FATHER *unknown*
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *unknown*
12. MAIDEN NAME OF MOTHER *unknown*
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

14. INFORMANT *P. J. McGeary*
(Address) *1988 Coleman St*

15. FILED *14 1928* *May E. Stankov* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12-14-28* 19

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at *6:15 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
*Shock & Injuries (Internal)
Struck by auto in city
Homicide*

CONTRIBUTORY (SECONDARY) *1888*

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *John D. West* M.D.
1/14, 28 (Address) *Conover*

*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 Church *Dec. 15 1928*

20. UNDERTAKER ADDRESS
Cellman Bros 17102 Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

