

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

Do not write in this space.

23 566

**1. PLACE OF DEATH**

County..... Registration District No. 79  
Township..... Primary Registration District No. 7002  
City St Louis (No. 3006, Geyer in Ward)

File No. ....  
Registered No. 8074  
St. .... Ward)

**2. FULL NAME**

Mary King  
(a) Residence, No. .... St. 17 Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 10 17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at Home  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ireland

10. NAME OF FATHER Frank Costello

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mrs O Connor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Jennie King  
(Address) 3006 Geyer

15. FILED ..... 19 1929 REGISTRAR Arthur J. Donnelly

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8 - 4 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 7-28 1929, to 8-4 1929, that I last saw her alive on 8-3 1929, and that death occurred, on the date stated above, at 5:30 p.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no - DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) W. J. Gallagher M. D.

P-5 (Address) Univ. St. Club 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

burial 8-6 1929

20. UNDERTAKER ADDRESS

Arthur J. Donnelly 2029 North St.

WRITE PAINLY, 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.

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University of California

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