CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

32507

File No. .....

Registered No. 9313

791
1908

1. PLACE OF DEATH

County .....

Registration District No. .....

Township .....

Primary Registration District No. .....

City St. Louis Mo (No. Barnes Hosp. St. ..... Ward)

2. FULL NAME Albert M. Costner

(a) Residence, No. ..... St., 12 Ward. Greenville, Mo
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 29-1855

7. AGE: YEARS 75 | MONTHS 9 | DAYS 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER

13. NAME: Emanuel Costner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): G. H. Costner Greenville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cold Water Mo DATE Sept 3 1931

19. UNDERTAKER (ADDRESS): W. Auchenstein Fun Co 4334 Manchester Ave

20. FILED SEP 3 1931 Kurt C. Stowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-7, 1931 to 9-3, 1931

I last saw ~~him~~ alive on 9-3, 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy of Prostate	
Bronchio-pneumonia following first stage prostatectomy	8-31-31

Other contributory causes of importance:

137
107R

Name of operation 1st Stage Prostatectomy Date of 7-15-31

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. C. McClean Jr, M. D.

(Address) Barnes Hosp.