

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

Do not use this space.

41882

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10032
City..... (No. 2228 Mullerphuy)

File No.
Registered No. 10971
St. Ward)

2. FULL NAME

Mae Costello
(a) Residence, No. 2228 Mullerphuy, 20 Ward.
(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. (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Costello

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 6 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23rd
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) St. Louis 1

MOTHER 13. NAME John Mc Cormack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nellie Mc Gaulie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 2

17. INFORMANT Thomas Costello
(ADDRESS) 2228 Mullerphuy St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Dec 12, 1932

19. UNDERTAKER W. Albert Goodrich
(ADDRESS) 2228 Mullerphuy St.

20. FILED DEC 12 1932 Walter J. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 10.7 a.m.

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

Chronic Interstitial Nephritis 131

Other contributory causes of importance:

131 (7) (15)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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 No Injury
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(signed) J. W. Kerner M.D.
W. J. Corcoran
(Address) 1210 1/2 St.

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.

JUL 5 9 1958