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.

DEC 12 1935

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

Registration District No. 791
Primary Registration District No. 1003

Do not use this space.
37912

File No.
Registered No. 9891

1. PLACE OF DEATH
County
Township
City St Louis (No. City Hospital St. Ward)

2. FULL NAME Thomas F Costello
(a) Residence, No. 4534 Natural Bridge St. 10 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. 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ the late Eliza Costello

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29th 1866

7. AGE Years 69 Months 4 Days 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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 Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Wm Costello
(ADDRESS) 4534 Natural Bridge

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bellefontaine DATE Nov 27th 3

19. UNDERTAKER Strodt-Carroll
(ADDRESS) 4600 Natural Bridge

20. FILED NOV 26 1935 19.... J F Bradeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-24th 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Right Arm,	
sustained in fall down 5 concrete steps at residence, 11/21/35, at abt. 4;10P.M.	

Other contributory causes of importance:

186

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? Accident Date of injury 11/21 1935
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall
Nature of injury Fractures

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harold Schulz, M. D.
(Address) Dyspas