

DEC 30 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County NorthRegistration District No. 9Township PleitchallPrimary Registration District No. 1City St. Louis, Mo. (No. 1)File No. 38418Registered No. 1St. 1 Ward 1

2. FULL NAME

(a) Residence, No. 1

(Usual place of abode)

St. 1Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>1</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1857</u>		
7. AGE <u>78</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, ... hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>miner</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>
	10. Date deceased last worked at this occupation (month and year) <u>Nov 1 1935</u>
	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME Charles Costin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Rachel Lepas16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Samuel A. Costin
(ADDRESS) St. Louis, Mo.18. BURIAL, CREMATION, OR REMOVALPLACE Smithton DATE 11/6/3519. UNDERTAKER Arch C. Dumble
(ADDRESS) St. Louis, Mo.20. FILED 129 1935 2nd Nov 1935
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-4-3522. I HEREBY CERTIFY, that I attended deceased from Nov-4-35 to Nov-4-35I last saw him alive on Nov-4-35 Death is saidto have occurred on the date stated above, at 7:00 P.M.

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

Prepared Heart failure Date of onset Nov 4 35

Other contributory causes of importance:

Name of operation 1 Date of 1What test confirmed diagnosis? 1 Was there an autopsy? 1

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

Accident, suicide, or homicide? 1 Date of injury 1, 1935Where did injury occur? 1

(Specify city or town, county, and State)

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

Manner of injury 1Nature of injury 124. Was disease or injury in any way related to occupation of deceased? 1If so, specify 1(Signed) J. G. Cross, M. D.(Address) St. Louis, Mo.

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.

[The body of the document contains several paragraphs of text that are extremely faint and largely illegible due to the quality of the scan. The text appears to be a memorandum or report, with some words like "BUREAU", "NEW YORK", and "SUBJECT" being discernible in certain sections.]

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JAN 10 1964
FBI - NEW YORK