

MAR 5-1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791
1003

File No.....

8886

Township.....

Primary Registration District No.....

Registered No.....

2379

City..... St. Louis

9 (No.)

2209 Howard St.

2

St.....

Ward.....

2. FULL NAME.....

Agnes Costello

(a) Residence, No. 2209 Howard St. St. 20 Ward. 1
(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

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

Angelo Costello

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

51

0

20

OCCUPATION

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

At Home

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Trenton

N. J.

FATHER

13. NAME James Murrin

MOTHER

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

Ireland

15. MAIDEN NAME

Agnes Murrin

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

Scotland

17. INFORMANT
(ADDRESS)Angelo Costello
2209 Howard St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem.

DATE 3-1-1937

19. UNDERTAKER
(ADDRESS)Arthur J. Donnelly Undt. Co.
3840 Lindell Blvd.

20. FILED

19

FEB 27 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from

July 11, 1936, to Feb 26, 1937.

I last saw her alive on Feb 19, 1937. Death is said
to have occurred on the date stated above at 1.15 p.m.

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

Chronic nephritis July 1936
Valvular heart disease

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) Whitson Hall

(Address) 1625 Iowa Ave., M. D.

COSE

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