

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

8565
Do not use this space.

1. PLACE OF DEATH **REC'D APR 11 1938**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **St. John's Hospital** Registered No. **2153**
 (e) Length of residence in city or town where death occurred **37** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Joe Costa 230**

(a) Residence, No. **4530 Labadie** St. **10** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Mandalena Costa**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 17, 1870**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Public Service**
 10. Date deceased last worked at this occupation (month and year) **Mar. 1, 1938** 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Partenico Italy**

FATHER 13. NAME **Andrea Costa** 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Italy**

MOTHER 15. MAIDEN NAME **Francesca Governti** 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Italy**

17. INFORMANT (ADDRESS) **Henry Costa 1222 No. 9 th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **March 4 1938**

19. FUNERAL DIRECTOR (ADDRESS) **P. Miceli & Son 1133 No. Kingshighway.**

20. FILED **MAR 2 1938** **J. J. Bredeck** Local Registrar.

MEDICAL ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/1/38**

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 **10:30 A.M.**

The principal cause of death and related causes of importance were as follows:
Crushed Chest, Fracture of Skull and Internal Hemorrhage from punctured left lung, suffered when struck by Hodiament Streetcar #937 operated by one Joseph Myrick, motorman, while deceased was working in street at Hamilton and Hodiament Tracks about 8:40 A.M., March 1, 1938.

Other contributory causes of importance:
CRIMINAL CARELESSNESS.

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? **Criminal Careless** Date of injury **3/1/1938**
 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.
In Public Place

Manner of injury..... **See Above**
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **Yes**
 If so, specify.....
Joseph M. Zeff (Address) **Deputy Coroner**

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.

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No. 3864

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)