

REC'D MAY 10 1939

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

791  
1003

12774  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1  
(b) Township 1 Primary Registration District No. 1  
(c) City St. Louis (d) Street No. CITY HOSPITAL #1 Registered No. 3116  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Costley Sr.  
(a) Residence, No. 225 East Velma Street St. NR  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1868  
7. AGE YEARS 71 MONTHS 0 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Watchman  
9. Industry or business in which work was done, as saw mill, bank, etc. City Hall  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Glasgow  
(STATE OR COUNTRY) Scotland

13. NAME John Costley

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

15. MAIDEN NAME Margaret Fisher

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

17. INFORMANT Irene Costley  
(ADDRESS) 7141 Virginia, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Park Lawn Cemetery DATE April 3, 1939

19. FUNERAL DIRECTOR C. Hoffmeister Und. & L. Co.  
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. APR 3 1939  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1939, to 4-1-39, 1939.  
I last saw him alive on 4-1-39, 1939. 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:  
Grudice  
Criminal Case 1/15/39  
Date of onset

Other contributory causes of importance:  
1939

Name of operation none Date of .....  
What test confirmed diagnosis? H. & P. Was there an autopsy? no

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? no  
If so, specify .....  
(Signed) William Sapsin, M.D.  
(Address) City Hospital

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, J. G. Sullivan....., Licensed Embalmer No. 1122  
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 J. G. Sullivan.....  
Licensed Embalmer No. 1122.....

**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.)**