

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **33657**
Registrar's No. **8354**NOV 16 1940
Registration District No. **791**Primary Registration District No. **1003**

1. PLACE OF DEATH:

- (a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mo. 25 days
(Specify whether
In this community 50 years
years, months or days)

8. (a) PRINT FULL NAME Edward Costello

8. (b) If veteran, name war Unknown 8. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. December 15 1857
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>82</u> | <u>9</u> | <u>21</u> | hr. _____ min. |

9. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)10. Usual occupation None

11. Industry or business _____

12. Name Jerry Costello13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)14. Maiden name Margaret Unknown15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. G. Sullivan(b) Address 5800 Arsenal St.17. (a) BURIAL (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY18. (a) Signature of funeral director Sullivan & Kelly(b) Address 1416 N. Euclid Ave.19. (a) OCT 8 1940 (b) _____
(Date received local Registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1940 hour 7:50 minute A. M.21. I hereby certify that I attended the deceased from
Jan. 11, 1940 to Oct. 6, 1940
that I last saw him alive on Oct. 6, 1940
and that death occurred on the date and hour stated above.Immediate cause of death
Degenerative Heart Disease
Due to _____Due to arteriosclerosisOther conditions _____
(Include pregnancy within 3 months of death)Major findings: none
Of operations _____Of autopsy same

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence None(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Geo. J. Bogalio (M. D. or other) M.D.

Address _____ Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Myself
City License
✓ #145

Signed

Glenn E. Henderson

Licensed Embalmer No.

4141

P. O. Address

St Louis, Mo

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.)

If this body is not embalmed, above space should be left blank.