

S. No. 2
DM-1-4-41
Rev. 5-17-39
I X26390

2217

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 52

FILED FEB 13 1942
Registration District No. _____

Primary Registration District No. 5440

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield Rural Cemetery
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 1 mo. 19 days
(Specify whether years, months or days)

In this community 1 yr. 1 mo. 19 days
(years, months or days)

3. (a) PRINT FULL NAME COSTELLO, Frank

3. (b) If veteran, name war unknown

3. (c) Social Security No. None

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced separated

6. (b) Name of husband or wife Helen Collins Costello

6. (c) Age of husband or wife if alive about 44 years

7. Birth date of deceased June 14 1890
(Month) (Day) (Year)

8. AGE: 51 Years 7 Months 6 Days If less than one day
hr. min.

9. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Barbering

MOTHER FATHER { 12. Name Joe Costello

13. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)

14. Maiden name Vena Bonana

15. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Self

(b) Address Medical Center

17. (a) Buried (b) Date thereof Jan 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director [Signature]

(b) Address Springfield, Mo.

19. (a) 1-22-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Cuyahoga 999

(c) City or town Cleveland 33
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1942 hour 8 minute 05 P.M.

21. I hereby certify that I attended the deceased from December 1st, 1940, to January 20th, 1942;
that I last saw him alive on January 20th, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Occlusion of coronary artery (anterior descending branch) 1-2 hrs.
Duration

Due to disease of the coronary arteries (sclerosis) prior to admission

Due to _____ 12/1/40

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy confirms clinical findings

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence _____

(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 [Signature] (M. D. or other) 0
E.A. CARNERY, Surgeon
Address Springfield, Mo. Date signed 1/22/42

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.

Signed.....

Licensed Embalmer No. 3681

P. O. Address. Springfield, 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, fact should be so stated above.