. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22695

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6135

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-17-42 - 7-19-42 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St Louis

(c) City or town Kirkwood 96 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 700 ELMTREE LANE 4
(If rural, give location) 3

(e) Citizen of foreign country? (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Mr. Robert Francis Costello

3. (b) If veteran, name war WORLD WAR

3. (c) Social Security No. 493-09-9777

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MAUDE COSTELLO

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

7. Birth date of deceased APRIL (Month) 26 (Day) 1898 (Year)

8. AGE: Years 44 Months 2 Days 23 If less than one day hr. min.

9. Birthplace JERSEY CITY (City, town, or county) / NEW JERSEY (State or foreign country)

10. Usual occupation SAFETY ENGINEER

11. Industry or business INSURANCE

FATHER 12. Name WILLIAM COSTELLO

FATHER 13. Birthplace (City, town, or county) / NEW JERSEY (State or foreign country)

MOTHER 14. Maiden name MARY SMITH

MOTHER 15. Birthplace (City, town, or county) / CONNECTICUT (State or foreign country)

16. (a) Informant Mrs Maude Costello

(b) Address 700 Elmtree Lane

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 22-1942 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY (Jefferson Barracks Mo.)

18. (a) Signature of funeral director E. J. Schmidt

(b) Address 3125 Lafayette Ave.

19. (a) JUL 20 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1942 hour 6 minute 30 a M.

21. I hereby certify that I attended the deceased from 6-17 1942 to 7-19 1942 that I last saw h. alive on 7-19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis	Duration
Due to Perforation of small intestine	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy yes	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D.)

Address Barnes Hospital Date signed 7/18/42

84-4

(Licensed Embalmer's Statement on Reverse Side)

JUL 30 1942

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~~ Jos B Vollmer, Registered Apprentice No. ..... working under my personal supervision.

Signed Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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

If this body is not embalmed, fact should be so stated above.