S. No. 2
M—9-4-41
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 675

000 17 9

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

1. PLACE OF DEATH:
(a) County: St. Louis, Mo.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 9 City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13yrs.8mos.1day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 12 000 13
(c) City or town: St. Louis 6 47 (If outside city or town limits, write "RURAL")
(d) Street No.: 1624 So. Compton (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: DOMINICK COSTA
3. (b) If veteran, name war: –
3. (c) Social Security No.: –
4. Sex: male
5. Color or race: 0 white
6. (a) Single, widowed, married, divorced: 1 married
6. (b) Name of husband or wife: Marie Costa
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 18, 1893 (Month) (Day) (Year)
8. AGE: Years 49 Months 4 Days 23 If less than one day hr. min.
9. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: City Fireman
11. Industry or business:
FATHER 12. Name: John Costa
FATHER 13. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)
MOTHER 14. Maiden name: Jane Lorritto
MOTHER 15. Birthplace: St. Louis (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: L. Deggendorf
(b) Address: City Sanitarium
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: August 13 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Peetz Brothers
(b) Address: 3029 Lafayette Ave
19. (a) AUG 11 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1942 hour 10:25 minute A. M.
21. I hereby certify that I attended the deceased from 7-1-42, 19..., to 8-10-42, 19...; that I last saw him alive on 8-10-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage 8-10-42
Due to
Due to: General Paresis 1928x
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: No.

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: 0
23. Signature: Hubert B. Smith (M. D. or other)
Address: 5400 Arsenal Date signed: 8/10/42

444 (Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry

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.