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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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Registration District No. 1318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29826

Primary Registration District No. 1003

Registrar's No. 2909

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

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 009
(c) City or town St. Louis 925 (If outside city or town limits, write "RURAL")
(d) Street No. 1716a Franklin Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louis William Costa
3. (b) If veteran, name war no
3. (c) Social Security No. 488-03-0410
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced 3 divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar. 3, 1893 (Month) (Day) (Year)
8. AGE: Years 50 Months 5 Days 29 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Grain sampler
11. Industry or business
FATHER 12. Name Albert Costa
13. Birthplace unknown (City, town, or county) Italy 5 (State or foreign country)
MOTHER 14. Maiden name Katie Stella
15. Birthplace unknown (City, town, or county) Italy 5 (State or foreign country)
16. (a) Informant Mrs. Josephine Dattilo
(b) Address 1414 Hodiamomt Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave
19. (a) SEP 3 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day Sept. year 1943 hour 5:40 minute P. M.
21. I hereby certify that I attended the deceased from 8/9/43, 1943 to 9/2/43, 1943; that I last saw him alive on Sept. 2nd, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Pulmonary tuberculosis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Cirrhosis of the liver

Major findings:
Of operations
Of autopsy

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 Russell W. Blanchard M. D. or other M.D.
Address 1515 Lafayette Ave. Date signed 9/2/43

(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 Charles J. Goodhart

Licensed Embalmer No. 2777

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, fact should be so stated above.