V. S. No. 2
00M—2-43
Rev. 5-17-3
1 X3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29827

FILED SEP 21 1943

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 8171

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4990 Mardel Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Mo. (b) County 17 14

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4990 Mardel Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas C. Costello

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Genevieve Costello

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July (Month) 6th (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	2	6	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Supervisor Bell Tel. Co.

11. Industry or business

FATHER
12. Name Thomas F. Costello
13. Birthplace Philadelphia (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Trumble
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Genevieve Costello
(b) Address 4990 Mardel Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) SEP 14 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th
year 1943 hour 3:25 minute P.M. M.

21. I hereby certify that I attended the deceased from June 2, 1943, to Sept 12, 1943
that I last saw him alive on Sept 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Paralysis agitans	5 yrs
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
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 F R Finnegan O M D (M. D. or other)
Address 539 N Grand Date signed 2/13/43

(Licensed Embalmer's Statement on Reverse Side)

[redacted] M. Brand
Pa 2547
[redacted] 6585

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 Richard W. Stouesand

Licensed Embalmer No. 4007

P. O. Address.....

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.