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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16261

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4566

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

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: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 40 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County 100 17 9 90

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2209A. MAIDEN LANE
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sarah ROSE COSTELLO

3. (b) If veteran, name war NONE

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

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

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

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased MAY 6TH 1894 (Month) (Day) (Year)

8. AGE: Years 50 Months — Days 10 If less than one day — hr. — min.

9. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT. HOME

MOTHER FATHER

12. Name JOHN CARTON

13. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN.

15. Birthplace " " 9 (City, town, or county) (State or foreign country)

16. (a) Informant George J. Costello

(b) Address 2209A Maidenlane

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 18-44 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland Und. Co

(b) Address 1827 HOGAN. STR.

19. (a) MAY 17 1944 (Date received local registrar) (b) J. F. Bubach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1944 hour 9 minute 07 P.M.

21. I hereby certify that I attended the deceased from May 14th, 19 44 to May 16th, 19 44 that I last saw her alive on May 16th, 19 44 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pneumonia + Pulmonary tuberculosis

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 Harry Steinberg (M. D. or other)

Address 1515 Lafayette Date signed 5/16/44

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(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 John Ogorochi

Licensed Embalmer No. 3398

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.