

U.S. No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **9099**

**FILED NOV 7 1946**  
**318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**Peoples Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 days**  
(Specify whether  
In this community **42 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2409a N. Taylor Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Thelma Costello**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**  
4. Sex **Female** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Bennie Costello** 6. (c) Age of husband or wife if alive **47** years  
7. Birth date of deceased **Nov. 4, 1903**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **19,**  
year **1946** hour **2** minute **A** M.

21. I hereby certify that I attended the deceased from **10/19** to **10/19/1946**  
that I last saw her alive on **10/19/1946**  
and that death occurred on the date and hour stated above.  
Duration **7**

Immediate cause of death  
**Asperterensive Carditis  
Renal disease**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **12/1**

Major findings:  
Of operations **No**  
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?

While at work? \_\_\_\_\_ (Specify type of place) (a) Manner of injury \_\_\_\_\_  
23. Signature **[Signature]** (M. D. or other) **[Signature]**  
Address \_\_\_\_\_ Date signed **[Signature]**

8. AGE:	Years	Months	Days	If less than one day
	<b>42</b>	<b>11</b>	<b>15</b>	hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **Robert Wright**

13. Birthplace **Montgomery, Ala.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Argentine Perkins**

15. Birthplace **Burns, La.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **[Signature]**

(b) Address **2409a N. Taylor**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-24-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **C. J. Nash**

(b) Address **384 Page Blvd.**

19. (a) **Oct 24 1946** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

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

MOTHER FATHER

**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.....

*Claudia M. Nash*....., Registered Apprentice No. *424*  
working under my personal supervision.

Signed..... *C. J. Nash*.....

Licensed Embalmer No. *2432*

P. O. Address. *3847 Page Blvd*

**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.**