

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25619**

FILED AUG 2 1949

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1833			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Alabama b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. LENGTH OF STAY (in this place) 13 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bessemer		d. STREET ADDRESS (If rural, give location) 2613 Exeter Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) J. c. (Last) COSTELLO				4. DATE OF DEATH (Month) (Day) (Year) July 27, 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH June 21, 1919			
9. AGE (in years last birthday) 30		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (State or foreign country) Bessemer, Alabama		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Raymond J. Costello, Sr.		13b. MOTHER'S MAIDEN NAME Antie Ratliff		14. NAME OF HUSBAND OR WIFE --					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Eugene F. Nolan, Registrar ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMANGIOMA OF BRAIN, TWO DAYS POST-OP CRANIOTOMY ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH Unknown	
19a. DATE OF OPERATION 7/25/49		19b. MAJOR FINDINGS OF OPERATION Craniotomy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from July 14, 1949 , to July 27, 1949 , that I last saw the deceased alive on July 27, 1949 , and that death occurred at 9:45 p. m. , from the causes and on the date stated above.									
23a. SIGNATURE L. E. Stilwell, M.D., Chf. Prof. Services				23b. ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.		23c. DATE SIGNED 7/28/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7-29-49		24c. NAME OF CEMETERY OR CREMATORY BESSEMER ALA		24d. LOCATION (City, town, or county) (State) BESSEMER, ALA.			
DATE REC'D BY LOCAL REG. 7-28-49		REGISTRAR'S SIGNATURE Richard R. Munk		25. FUNERAL DIRECTOR'S SIGNATURE G. Hoffmeister & I. Co. ADDRESS St. Louis, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 15 1961

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Linus C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Ave

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.