S. No. 300
v. 10.48

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

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10304
Registrar's No. 3152

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY 1913 Division
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
d. STREET ADDRESS (If rural, give location) 1913 Division

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle)
c. (Last) Costello

4. DATE OF DEATH (Month) Mar. (Day) 31 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 6, 1867
9. AGE (In years last birthday) 82 — If under 1 year: Months 7, Days 25; If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ice & Coal Man
10b. KIND OF BUSINESS OR INDUSTRY Ice & Coal
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Costello
13b. MOTHER'S MAIDEN NAME Mary ?
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Bennie Costello — **ADDRESS** 2409a N. Taylor

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis and Arteriosclerotic — Interval between onset and death: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart Disease — Interval: "
DUE TO (c) Hypertensive Arteral Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4207
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-8, 19 50 *to* 3-31, 19 50, *that I last saw the deceased alive on* 3-31, 19 50, *and that death occurred at* 2:55p m., *from the causes and on the date stated above.*

23a. SIGNATURE James T. Hedrick (Degree or title) M. D.
23b. ADDRESS 2601 N Whittier St
23c. DATE SIGNED 4-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 5, '50
24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. APR 3 1950
REGISTRAR'S SIGNATURE J. B. Lacales
25. FUNERAL DIRECTOR'S SIGNATURE C. J. Mosh **ADDRESS** 3847 Page

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed C. J. Nash

Signed.....
Student Embalmer

Licensed Embalmer No. 9432

P. O. Address 3847 Page.

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.