

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38865

State File No.

FILED DEC 1 1951
BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10367**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	g. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2089
d. FULL NAME OF HOSPITAL OR INSTITUTION 355 Christian Ave.			d. STREET ADDRESS (If rural, give location) 355 Christian Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) c. (Last) Costello			4. DATE OF DEATH (Month) (Day) (Year) November 21, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 4, 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>
13a. FATHER'S NAME Thomas Costello		13b. MOTHER'S MAIDEN NAME Margaret Blake		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) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edward Byrns, 355 Christian Ave.		
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) Acute Pneumonia ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis 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 7-7-51 11-15-50
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H90X			
22. I hereby certify that I attended the deceased from Nov 15, 1951 , to Nov 21, 1951 , that I last saw the deceased alive on Nov 21, 1951 , and that death occurred at 2:15 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Edward Byrns M.D. (Degree or title)		23b. ADDRESS 3802 N. Grand Blvd.		23c. DATE SIGNED 11/21/1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 23, 51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. NOV 21 1951	REGISTRAR'S SIGNATURE J. Paul Smith M.D. R.P.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullinane Bros., 3320 N. Kingshighway		

(Licensed Embalmers' Statement on Reverse Side)

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

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 Fred Frick _____

Licensed Embalmer No. 3186 _____

P. O. Address St. Louis, Missouri

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.