

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43614

State File No. ....

Registrar's No. 4148

No. 300  
10. 48

FILED JAN 5 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

BIRTH NO. ....

1. PLACE OF DEATH a. COUNTY <u>Saint Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>16 TOWN Normandy</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to St. Louis Co. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>2811 Colonial Drive, 20.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>James</u>	c. (Last) <u>Costa</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 30th, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 8th, 1890</u>	9. AGE (In years last birthday) <u>61</u> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Yung &amp; Mueller Piano Co.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John B. Costa</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Laretto</u>	14. NAME OF HUSBAND OR WIFE <u>Madeline A. Costa nee Perano</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Madeline A. Costa, 2811 Colonial Drive, 20</u>	ADDRESS <u>2811 Colonial Drive, 20</u>
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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; asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 Sec.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerosis, General</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis, Chronic</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201F</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>12/15/51</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>The home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Normandy 21 Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-18-51 3p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Slip + fall on ice, Fracture left + right</u>
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22. I hereby certify that I attended the deceased from 5/23/1947, to 12-29-1951, that I last saw the deceased alive on 12-28-1951, and that death occurred at 1:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Nicholas J. Taitel, MD</u>	23b. ADDRESS <u>3861 St. Louis Ave.</u>	23c. DATE SIGNED <u>12/31/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (I)</u>	24b. DATE <u>1/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-31-51</u>	REGISTRAR'S SIGNATURE <u>Hubert P. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Fr. 4113  
Hours 1:00 to 3:00 P. M. Daily  
except Thurs. & Sunday.

To be filed in  
St. Louis County

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 John A. Mlener  
Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.