

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14157**
3328
Registrar's No. _____

No. 300
10-48

WED APR 25 1952

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

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

| | | | | | |
|--|---|---|---|--|--|
| 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, Missouri | | c. LENGTH OF STAY (In this place) 8 yrs. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2139 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: City Infirmary Hospital | | | d. STREET ADDRESS (If rural, give location) 5800 Arsenal Street. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Anna | | b. (Middle) _____ | c. (Last) Costello | 4. DATE OF DEATH (Month) (Day) (Year) April 9, 1952. | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH June 8, 1865 | 9. AGE (In years last birthday) 86 | 10. IF UNDER 1 YEAR Months 10 Days 1 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) Ohio | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME Thomas Costello | | 13b. MOTHER'S MAIDEN NAME Bridget | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown | | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary Records, 5800 Arsenal St. | | |
| 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 years |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, general | | | DUE TO (b) _____ | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | DUE TO (c) _____ | | |
| 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 <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? 4500 | | |
| 22. I hereby certify that I attended the deceased from <u>4/11/1946</u> , to <u>April 9,</u> 19 <u>52</u> , that I last saw the deceased alive on <u>April 9,</u> 19 <u>52</u> , and that death occurred at <u>4:15A.</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) William M. Sweeney MD | | | 23b. ADDRESS 5600 Arsenal Street. | | 23c. DATE SIGNED 4/9/52. |
| 24a. BURIAL, CREMATION REMOVAL (Specify) Removal | | 24b. DATE 4/9/52 | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) Columbus Ohio | |
| DATE REC'D BY LOCAL REG. APR 9 1952 | | REGISTRAR'S SIGNATURE H. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. G. DePauw, Louis 6175 Belmont | |

(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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Jos. E. McCulloch

Licensed Embalmer, No. 2960

P. O. Address 6175 Pellman

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.