

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2439

0214

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) lmo.		c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hosp 0		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) Margaret M Costello		4. DATE OF DEATH (Month) (Day) (Year) Jan 8 1955		e. STREET ADDRESS (If rural, give location) 605 Clara Ave
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 10 1881	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Virginia	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Alvis Jones		13b. MOTHER'S MAIDEN NAME Rebecca Ray		14. NAME OF HUSBAND/OR WIFE Bernard A. Costello
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 Bernard A. Costello
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) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Cerebral arteriosclerosis 2 years 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 1 WEEK
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		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?
22. I hereby certify that I attended the deceased from Dec 7, 1954, to 1/8/55, 1955, that I last saw the deceased alive on 1/7/55, 1955, and that death occurred at 6:00 a.m., from the causes and on the date stated above.				
23a. SIGNATURE W. K. Ameynd		23b. ADDRESS 16 Hampton Village		23c. DATE SIGNED 1/8/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 10 1955		24c. NAME OF CEMETERY OR CREMATORY Clemens
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE J. J. Donnelly		
DATE REC'D BY LOCAL REG. JAN 10 1955		REGISTRAR'S SIGNATURE J. Carl Smith		ADDRESS 3846 Lindell Blvd.

(Licensed Embalmer's 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 *[Signature]*..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. 467

P. O. Address 3846

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.