

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6974

FILED FEB 18 1957

STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 547 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Hgts		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Creve Coeur		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys			Length of stay in lb 1 da		d. STREET (If outside, give location) ADDRESS 465 N Lindbergh		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle DECOSTA Last				4. DATE OF DEATH Month Jan Day 14 Year 1957					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Mar 10 1909		9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Experimental Worker			10b. KIND OF BUSINESS OR INDUSTRY Aircraft Ind,		11. BIRTHPLACE (City and state or country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Fred DeCosta				14. MOTHER'S MAIDEN NAME Catherine Fay					
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. 490-03-1071		17. INFORMANT Address Agnes BeCosta 465 N Lindbergh					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Angina pectoris DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____							INTERVAL BETWEEN ONSET AND DEATH 2 hrs 8 days		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201						
20c. TIME OF INJURY Hour _____ g. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 1-2-57 to 1-14-57 and last saw her/him alive on 1-14-57 Death occurred at 10:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.							22c. DATE SIGNED 1-15-57		
22a. SIGNATURE Rev Reilly wd (Degree or title)				22b. ADDRESS 730-Hodiamont					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/17/57	23c. NAME OF CEMETERY OR CREMATORY St Monicas Cemetery			23d. LOCATION (City, town, or county) (State) Creve Coeur Mo			
24. FUNERAL DIRECTOR Ortmann F Home Overland Mo ADDRESS				25. DATE RECD. BY LOCAL REG. 1-16-57		26. REGISTRAR'S SIGNATURE Herbert B. Donahue			

Use only standard momentary ink for the symptoms and causes of diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 _____
 Signature of Student Embalmer

Signed Al C. Oitmann
 Licensed Embalmer No. 34

P. O. Address _____

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 _____
 Signature of Student Embalmer

Signed Al C. Oitmann

Licensed Embalmer No. 34

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.