Health, Welfare Public Service

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10102
STATE FILE NUMBER 2756

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo.Baptist Hospital — Length of stay in 1b 11-day
16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 3941a Olive Street — Reside on Farm Yes No
2 19

3. NAME OF DECEASED (Type or print) First Joseph Middle John Last Costello
4. DATE OF DEATH Month Day Year Mar.19,1957

5. SEX M. 0
6. COLOR OR RACE W.
7. MARRIED NEVER MARRIED WIDOWED 3 DIVORCED
8. DATE OF BIRTH Feb.20,1906
9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR Months 1 Days 1 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bldg.Mgr.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St.Louis,Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Nicholas Costello
14. MOTHER'S MAIDEN NAME Aqualina Mascia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-05-9525
17. INFORMANT Address Mr.Eugene Costello,5124 Exeter Street

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Hemorrhage into right Ventricle — INTERVAL BETWEEN ONSET AND DEATH 7 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 331 x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pulmonary Edema
19. WAS AUTOPSY PERFORMED? YES X NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 4:30 PM 3/19/57 to 11:35 PM 3/19/57 and last saw him alive on 3/19/57
Death occurred at 11:35 pm. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A J Steiner MD 0
22b. ADDRESS 3903 Olive Str
22c. DATE SIGNED 3-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar.22,1957
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis,Missouri

24. FUNERAL DIRECTOR Arthur J Donnelly ADDRESS 8140 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. MAR 20 '57
26. REGISTRAR'S SIGNATURE J Carl Smith MD

(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 emb

by ~~me, or~~ by me....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 469

P. O. Address 384 Lin

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