

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45726

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11966

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. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) Life.		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 26 St. Louis Chronic Hosp. 4070 3217 ^a Barrett			

3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) Patrick c. (Last) Costello			4. DATE OF DEATH (Month) (Day) (Year) 12-11-57		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Feb. 19, 1884		9. AGE (In years last birthday) 73 yrs.		10. KIND OF BUSINESS OR INDUSTRY Maintenance man	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10a. USUAL OCCUPATION (Give kind of work excluding most of working life, even if retired)	

13a. FATHER'S NAME Patrick Costello		13b. MOTHER'S MAIDEN NAME Margaret Mahronev		14. NAME OF HUSBAND OR WIFE Mayme Costello	
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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) No None		16. SOCIAL SECURITY NO. 487-22-7672		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mayme Costello 3217 ^a Barrett St.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUE TO (b) Arteriosclerotic Heart Disease				minutes	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Generalized Arteriosclerosis				4 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Korsakoff's Syndrome				4 mo.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420:0		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 8-13-57, 19__, to 12-11-57, 19__, that I last saw the deceased alive on 12-11-57, 19__, and that death occurred at 1:40 P., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D.		23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 12/11/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE De. 14, 1957		24c. NAME OF CEMETERY OR CREMATORY Galvany Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL RES. DEC 13 57		REGISTRAR'S SIGNATURE Carl Smith MB		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brockland Und. Co. 1827 Hogan St.	
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(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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

John J. Harris

Licensed Embalmer No. *4108*

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