BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 22877

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print): DANIEL F. COSTELLO

2. DATE AND HOUR OF DEATH: MAR. 26, 1936 | 2:18 P.M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. FRANCIS Hosp. PITTSBURGH, PA.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: PA
B. COUNTY: ELK
C. CITY OR TOWN (If outside city limits, write RURAL and give township): ST. MARY'S
D. STREET ADDRESS (If rural, give location): 477 BRUSSELS ST.

5. SEX: M
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): MARRIED
8. DATE OF BIRTH: SEPT. 9, 1892
9. AGE (In years last birthday): 43
If Under 1 Yr. Months Days | If Under 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED BALL PLAYER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANK COSTELLO
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: HELEN COSTELLO (WIFE)
ADDRESS: 477 BRUSSELS ST. ST. MARY'S, PA.

SPOUSE - HELEN KAIRL

CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) LOBAR PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

(B) 108 - 131
DUE TO
(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
CHRONIC BRONCHITIS - CHRONIC NEPHRITIS 10 YRS.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20A. AUTOPSY? (Yes or No)
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (notify medical examiner)
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (APPROX.) (Month) (Day) (Year) (Hour)
21E. INJURY OCCURRED While At Work ☐ Not While At Work ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from .... 19 .... to .... 19 ...., that (I) (we) last saw the deceased alive on .... 19 .... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE .... M.D. Attending Phys. ☐ Med. Director ☐ Staff Phys. ☐
23B. DATE SIGNED: 3-26-1936
23C. PHYSICIAN'S NAME (Type): E.J. COWALT, JR. M.D.
23D. ADDRESS: ST. FRANCIS

24A. BURIAL, CREMATION, REMOVAL (Specify): —
24B. DATE: MAR. 30, 1936
24C. NAME of CEMETERY or CREMATORY: CATHOLIC CEM
24D. LOCATION (City, town, or county): ST. MARY'S (State): PA.

25A. DATE REC'D BY HEALTH DEPT.: MAR. 27, 1936
25B. NAME OF REGISTRAR: EMILY J. NESTOR
25C. FUNERAL DIRECTOR: LOUISE M. MEISEL ADDRESS: ST. MARY'S, PA
LICENSE 3993

VS 150-REV. 1/1/65