WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25530

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25530

Township ..... Primary Registration District No. 1003 Registered No. 7345

City St. Louis Mo. (No. 5600 Arsenal Ave. St. 24th Ward)

2. FULL NAME (Domenica) Ceola, Gus D.

(a) Residence. No. 217 Loughborough St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mrs. D. Ceola

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt	24	?	?	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Arkansas

PARENTS

10. NAME OF FATHER Santa Ceola

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Marie Zulfo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Italy

14. INFORMANT L. Kroner
(Address) 5600 Arsenal

15. FILED 11 15 1928 Max C. Starkey Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/14 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/13, 1928, to 7/14, 1928 that I last saw him alive on 7/14, 1928, and that death occurred, on the date stated above, at 1.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic Cerebro-Spinal Meningitis

18 (duration) ..... yrs. ..... mos. 3+ ds.

CONTRIBUTORY (SECONDARY) 24 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 212 Loughborough

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Curtis H. Wolf, M. D.

7/14, 1928 (Address) 5600 Arsenal St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Springdale Ark.	July 15 1928

20. UNDERTAKER	ADDRESS
Fendler Und Co	7819 Michigan

NOV 8 1955