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

NOV 9 1935

Do not use this space.

34050

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 6062 Maple Ave., St. ..... Ward)

File No. .....

Registered No. 8470

2. FULL NAME Mike Doello.

(a) Residence, No. 6142a Suburban Ave., St. 5 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE: abt. 31 YEARS; MONTHS; DAYS; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner and Cook In restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

FATHER

13. NAME Denmetre Doello

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

MOTHER

15. MAIDEN NAME Mary Costandin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

17. INFORMANT Christ Costandin
(ADDRESS) 6142a Suburban Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthew's Cem. DATE Oct. 10, 1935

19. UNDERTAKER Jos. W. Clark.
(ADDRESS) 1125 H odiamont Ave.,

20. FILED OCT - 9 1935, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7/35. , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot Wound of Head	
Other contributory causes of importance:	
Homicide	

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Oct. 7, 1935

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Industry

Manner of injury Shot by [illegible] unknown

Nature of injury Gunshot Wound of Head

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [illegible], M. D.

(Address) St. Louis, Mo.

10/9/35