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

Do not use this space.

File No. 18626

Registered No. 5001

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 005

City St Louis (No. Deaconess Hosp. St. ..... Ward)

2. FULL NAME John Oldani

(a) Residence. No. 5224 Columbia St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. If Married, Widowed, or Divorced
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 - 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	11	6	

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Cesare Oldani
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Antonetta Geo
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Italy

14. INFORMANT Antonetta Oldani
(Address) 5224 Columbia

15. MAY -8 1928 Filed, 19 ..... Mary C Stanley Registrar

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1928

17. I HEREBY CERTIFY, That I attended deceased from May 4, 1928, to May 6, 1928, that I last saw him alive on May 6, 1928, and that death occurred, on the date stated above, at 4:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
154 Acute Osteomyelitis
10" (Left femur - mus 4)

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Staphylococcus Septicemia
Septic Pneumonia Lobar (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St Louis Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 4 - 1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Osteomyelitis verified at operation. Best culture positive.
(Signed) A. P. Shreffler, M. D
May 7, 1928 (Address) 1021 Missouri Bldg - St Louis

*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 St Peter & Paul — DATE OF BURIAL May 9 1928

20. UNDERTAKER Paul G. Calcaterra — ADDRESS 1921 Cooper

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.