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 [illegible]

3296 ~~2725~~

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 792

City St. Louis (No. 5150 Shaw Ave. St. ..... Ward)

2. FULL NAME Enrico Harry Oldani

(a) Residence. No. 5150 Shaw Ave. St., 13 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	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 Louisa Farmenti

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5th. 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	4	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Owner

(b) General nature of industry, business, or establishment in which employed (or employer) Soft Drink Parlor

(c) Name of employer

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

PARENTS

10. NAME OF FATHER George Oldani

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

12. MAIDEN NAME OF MOTHER Gusseppa Venegoni

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

14. INFORMANT Louis Oldani
(Address) 5150 Shaw ave

15. FILED JAN 24 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/21 1930

17. I HEREBY CERTIFY, That I attended deceased from 11/1, 1929, to 1/21, 1930 that I last saw him alive on 1/21, 1930 and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of liver
(Hypertrophic)

124B (duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 122B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. A. Milliken, M. D.

1/23, 1930 (Address) 4928 Shaw

*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
St Peter - Paul	Jan 25 1930

20. UNDERTAKER	ADDRESS
Paul C Calcatina	1921 Cooper St