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.

REC'D JUL 12 19[illegible]

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

19938
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. 5077
(c) City St Louis (d) Street No. 5227 Botanical Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Oldani 435
(a) Residence, No. 5227 Botanical Ave St. 13 St. Louis, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rosa Crotti
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 10. 1885
7. AGE: YEARS 52 MONTHS 7 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as 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): Italy

FATHER
13. NAME: Anthony Oldani
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER
15. MAIDEN NAME: Louizina Valenti
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Rosa Crotti Oldani 5227 Botanical
18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Peter Paul DATE: June 4. 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Paul C. Calcaterra 5142 Doggett ave
20. FILED JUN 3 1938 (19) J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1938, to June 1, 1938
I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis with Hemiplegia (Luetic)	1-21-38

Other contributory causes of importance: Luetic aortic Valvula disease

Name of operation — Date of
What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Charles Montani, M. D.
(Address) 1926 A Cooper St

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...
Paul C Calcaterra, or by .....
Registered Apprentice No....., working under my personal supervision.

Signed Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Doggett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.