P 24 1938

REC'D OCT 6 1938

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

33246
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township ~~Clayton~~
(c) City Clayton
Registration District No. 784
Primary Registration District No. 101
Registered No. 1564
(d) Street No. St. Louis County Hospital 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 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Oliveri 416
(a) Residence, No. 5848 Wells Ave. St.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	10	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Glazer
9. Industry or business in which work was done, as saw mill, bank, etc. Art Glass Co.
10. Date deceased last worked at this occupation (month and year) 9/17/38
11. Total time (years) spent in this occupation 19 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carini Italy

FATHER
13. NAME Angelo Oliveri
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carini Italy

MOTHER
15. MAIDEN NAME Cristina Quarcia
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carini Italy

17. INFORMANT Joe Oliveri
(ADDRESS) 5848 Wells

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Sept. 26, 1938

19. FUNERAL DIRECTOR P. Miceli & Son
(ADDRESS) 1150 No. Kingshighway

20. FILED SEP 24 1938 P. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1938

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 3PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident. While riding a s a passenger in an automobile which skidded off of highway and strikinga tree.	9/18/38
Other contributory causes of importance:	
Fracture of the skull	9/18/38

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical signs Was an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/18/38
Where did injury occur? Overland, Mo. (Specify city, town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto skidded off road
Nature of injury Fracture of the skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John E. Connell, M. D.
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by ; Registered Apprentice No.

working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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