

FILED JUN 7 1948

1003

4773

Registration District No.

318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County.....
 (b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution?.....
Deaconess Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
 years, months or days)

3. (a) PRINT FULL NAME..... ANGELO A. OLDANI

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex..... Male 5. Color or race..... White
 6. (a) Single, widowed, married, divorced..... Married
 6. (b) Name of husband or wife..... Edith 6. (c) Age of husband or wife if alive.....
 7. Birth date of deceased..... Oct. 23 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 7 0 hr. min.

9. Birthplace..... St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Supervisor
 11. Industry or business..... Quick Meal Stove Co.

MOTHER FATHER
 12. Name..... Victor Oldani
 13. Birthplace..... Italy 5
(City, town, or county) (State, or foreign country)
 14. Maiden name..... Savina Garanzini
 15. Birthplace..... Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant..... Edith Oldani
 (b) Address..... 5318 Odell Ave.
 17. (a) Burial (b) Date thereof..... 5-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Resurrection Cem.
 18. (a) Signature of funeral director..... Kriegshauser Ind. Co.
 (b) Address..... 4228 So. Kingshighway Bl
 19. (a) MAY 24 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) RICHARD H. RAY

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... Mo. (b) County..... ood
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5318 Odell Ave.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 23
 year..... 1948 hour..... 11:30 minute..... A. M.

21. I hereby certify that I attended the deceased from.....
4 May 1948 to..... 23 May 1948
 that I last saw..... him alive on..... 22 May 1948
 and that death occurred on the date and hour stated above.
 Duration.....

Immediate cause of death.....
Cirrhosis of liver 10 yrs

Due to.....
File

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Cirrhosis of liver,
 Of operations..... gallstones, ascites
 Of autopsy.....

Underline the cause of death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work..... (Specify type of place)
 (e) Means of injury.....

23. Signature..... Richard H. Ray (M. D. or other).....
 Address..... 5730 Southwood Date signed..... 24 May 48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, or by _____
Registered Apprentice No. _____
working under my personal supervision.

Signed

Richard W. Stovesand

Licensed Embalmer No.

4007

P. O. Address _____

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

If this body is not embalmed, fact should be so stated above.