

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32703**

FILED SEP 28 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **100** Registrar's No. **2105**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Wellston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>1 yr. 9 mos.</b>		d. STREET ADDRESS (If rural, give location) <b>4918 Berthold</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Vincent's Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Caroline Oldani</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 2, 1954</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>May 5, 1885</b>		9. AGE (In years last birthday) <b>69</b>		10. MONTHS <b>3</b>		11. DAYS <b>3</b>		12. HOURS <b>3</b>		13. MIN. <b>3</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Cuggiono, Milano, Italy</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Joseph Di Mattei</b>			13b. MOTHER'S MAIDEN NAME <b>Madalena Berra</b>			14. NAME OF HUSBAND OR WIFE <b>Caesar Oldani, deceased.</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>		16. SOCIAL SECURITY NO. <b>unk.</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mr. Louis Visconti, 2027 Hereford St. Co-guardian.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis, cardiac</b>		DUPLICATE				<b>Years</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Arteriosclerosis, generalized</b>				<b>Years</b>	
DUPLICATE		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		<b>Osteoarthritis, generalized</b>				<b>Years</b>	
Conditions contributing to the death but not related to the disease or condition causing death.		<b>Chronic Brain Syndrome associated</b>				<b>Years</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>with senile Brain Disease, with psychotic Reaction</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4221</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-11-52**, 19\_\_\_\_, to **9-2-**, 19**54**, that I last saw the deceased alive on **9-2-**, 19**54**, and that death occurred at **6:15A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Bauctm</b> (Degree or title)		23b. ADDRESS <b>457 N. Kingshighway</b>		23c. DATE SIGNED <b>9/2/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>9-4-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
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DATE RECD BY LOCAL REG. <b>9/2/54</b>		REGISTRAR'S SIGNATURE <b>Hebeal R. Somke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Paul C. Calcaterra, 5140 Baggett</b>	
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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed John Dinkley

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo

**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.