

1. PLACE OF DEATH
 a. COUNTY Missouri
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to Jewish Hosp. Inside Limits No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY St. Louis
 c. CITY OR TOWN University City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 6317 Cates Avenue Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last MARILYN SUE OLDANI
 4. DATE OF DEATH Month Day Year Nov. 26, 1960
 5. SEX Female
 6. COLOR OR RACE White
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 5/10/39
 9. AGE (last birthday) 21 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) St. Louis, Mo.
 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Sol Katzman
 13b. MOTHER'S MAIDEN NAME Rose Manewitz
 14. NAME OF HUSBAND OR WIFE Edward Oldani

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
 16. SOCIAL SECURITY NO. Unknown
 17. INFORMANT Address Edward Oldani-6317 Cates Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):
 PART I. DEATH WAS CAUSED BY: Subarachnoidal Hemorrhage caused by ruptured blood vessel, when feeding in dining room of her home on floor by husband at 3:30 AM on Nov. 26, 1960; Cause & manner of same could not be determined Open Verdict
 IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 330x
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at 4:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Patrick E. Taylor Curran
 22b. ADDRESS 1500 Clark St
 22c. DATE SIGNED NOV 27 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
 23b. DATE 11/27/60
 23c. NAME OF CEMETERY OR CREMATORY Cem. United Hebrew Temple
 23d. LOCATION (City, town, or county) St. Louis County, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Herman Rindskopf, Inc. 5216 Delmar
 25. DATE RECD. BY LOCAL REG. NOV 27 1960
 26. REGISTRAR'S SIGNATURE Sean Smith, M.D.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

X

X

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Ketter
Licensed Embalmer No. 3880

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.