V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26383

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1504

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jefferson
(c) City or town: DeSoto,
(If outside city or town limits, write "RURAL")
(d) Street No.: 308 North Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: OLDANI, Louis M.
3. (b) If veteran, name war: WW-2
3. (c) Social Security No.: 493-07-2870
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Marguerite Oldani
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: November (Month) 4 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
50	8	7	hr. min.

9. Birthplace: St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: -
MOTHER FATHER
12. Name: Unknown Caesar Oldani
13. Birthplace: Unknown Italy
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown Antoinetta Oldani
15. Birthplace: Unknown Italy
(City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: VAH-Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/15/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Old St Peter & Paul Cem
18. (a) Signature of funeral director: Paul Calcaterra
(b) Address: 5140 Daggett, St. Louis, Mo.
19. (a) 7-15-47 (Date received local registrar) (b) Carl A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1947 hour 9 minute 20 p.m.
21. I hereby certify that I attended the deceased from June 27, 1947, to July 11, 1947; that I last saw him alive on July 11, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE: CORONARY OCCLUSION, ACUTE	
Due to: 93d	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): none
(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) (Means of injury) 0
Signature: L. E. Stilwell (M. D.)
Address: VAH-Jefferson Barracks, Mo Date signed: 7/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1941

MAR 2 1950

NOV 4 1955

DEC 12 1951

JUN 27 1951

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 Paul C. Calcaterra

Licensed Embalmer No. 2376

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.