

FILED JUL 22 1948  
Registration District No. **318**

Primary Registration District No. **100's**

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(c) Name of 2509 S. Kingshighway  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days) 1 (Specify whether

3. (a) PRINT FULL NAME ANTONETTA OLDANI

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Cesare Oldani 6. (c) Age of husband or wife if alive 1 years 1877 (Day) 1877

7. Birth date of deceased. July (Month) 1 (Day) 1877

8. AGE: Years 71 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Martina Dora

13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

14. Maiden name Unkown

15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mrs. Rose Oldani

(b) Address 2509 S. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date there July 12, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Paul C. Calcaterra

(b) Address 5142 Dwyer Ave.

19. (a) JUL 9 1948 (Date received local registrar) (b) J. F. Barnes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2509 S. Kingshighway  
13 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 7  
year 1948 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 2  
1948 to July 7 1948  
that I last saw her alive on July 6 1948  
and that death occurred on the date and hour stated above. 1948

Immediate cause of death Cerebral Hemorrhage Duration 1 day

Due to Arteriosclerosis, gen

Due to Diabetes mellitus 8 yrs

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: Of operations 61

Of autopsy 61

PHYSICIAN  
Underline the cause to which 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 Leo Sotthel (M. D. or other) (M)

Address 607 N. Grand Date signed 9 July 48

MAR 2 1950

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Paul C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Saggett Ave

**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.**