

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36721  
9348

OCT 21 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9348			
1. PLACE OF DEATH a. COUNTY _____				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>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2137			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5230 Botanical Avenue.</b>				d. STREET ADDRESS (If rural, give location) <b>5230 Botanical Avenue.</b>					
3. NAME OF DECEASED (Type or Print) <b>Enrichetta</b>		a. (First)		b. (Middle)		c. (Last) <b>Oldani</b>			
4. DATE OF DEATH <b>Oct 9, 1952</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			
8. DATE OF BIRTH <b>Mar 14, 1885</b>		9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			
11. BIRTHPLACE (City and State or Foreign Country) <b>Italy S</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Unavailable</b>		13b. MOTHER'S MAIDEN NAME <b>Unavailable</b>			
14. NAME OF HUSBAND OR WIFE <b>John Oldani</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Oldani, 5230 Botanical Ave.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> INTERVAL BETWEEN ONSET AND DEATH <b>12yr.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>443X</b>			
22. I hereby certify that I attended the deceased from <b>12-12</b> 19 <b>40</b> , to <b>10-9</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>12-12-52</b> , and that death occurred at <b>1:15</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Charles Montant M.D.</b>				23b. ADDRESS <b>5147 Daggett Ave.</b>		23c. DATE SIGNED <b>10-9-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-11-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter &amp; Paul</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri.</b>			
DATE REC'D BY LOCAL REG. <b>OCT 9 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul C. Calcaterra, 5140 Daggett</b>					

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer ;

Signed

*John S. Kennedy*

Licensed Embalmer No. ....

4194

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.