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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 23214

Primary Dist. No. 23-02-43

Registered No. 2

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH:

(a) County Delaware
(b) Township Parkside
(c) Borough
(d) City
(e) Name of hospital or institution 2912 Edgmont Ave
(If not in hospital or inst. write street number or location)
(f) Length of stay:
In hospital or inst. (g) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County Del
(c) City or town Parkside
(If outside city or town limits, write RURAL)
(d) Street No. 2912 Edgmont
(If rural give location)
(e) If citizen of foreign country, name country

3. (a) FULL NAME

3. (b) If U. S. Veteran, complete reverse side of certificate

3. (c) Social Security No. 173-10-2449

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife 308 Margout 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept. 1 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 15 If less than one day hr. min.

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

10. Usual occupation Guard

11. Industry or business Ford Motor

12. Name Samuel Stinson

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

14. Maiden name Emma Preston

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature 308 M. Stinson

(b) Address 2912 Edgmont Ave, Chester Pa.

17. (a) Removal to (b) Date thereof 3. 17. 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Titusville Pa County Pa State Pa

18. (a) Signature of funeral director Roy F. Drachmaler

(b) Address Chester Pa.

19. (a) 3-18-48 (b) Emma A. Rende
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month 3 day 16 year 1948 hour 8 AM minute

21. I hereby certify that I attended the deceased from 1948, to 3-16-48, 1948 that I last saw him alive on 3-15-48, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis

Due to

Due to Arterio Sclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a

Of autopsy 97

22. If death was due to external causes, fill in the following:
(a) (Probably) 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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 3-17-48

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically.