

11175

## 1. PLACE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS.

## CERTIFICATE OF DEATH.

County of PHILADELPHIA,

Township of .....

Registration District No. 1.

File No. 7007

Borough of .....

Primary Registration District No. ....

Registered No. 11175

City of PHILADELPHIA.

(No. 3235 N 17<sup>th</sup> St. 38 Ward.) 11175

## 2. FULL NAME

Solomon L. Kahn.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED

(Write the word.) widowed

6. DATE OF BIRTH March 29 1849

(Month) (Day) (Year)

7. AGE 65 yrs. 36 ds. If LESS than 1 day how many hrs. or min.?

## 8. OCCUPATION

(a) Trade, profession, or particular kind of work  
(b) General nature of industry business, or establishment in which employed (or employer)Insurance  
Business

## 9. BIRTHPLACE

(State or Country)

Maryland

## 10. NAME OF FATHER

Nathan Kahn

## 11. BIRTHPLACE OF FATHER

(State or Country)

Germany

## 12. MAIDEN NAME OF MOTHER

Isabella Zerl

## 13. BIRTHPLACE OF MOTHER

(State or Country)

Germany

## 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) A L Asher

(Address) 1602 Ritzmond st

## 15. APR 25 1914

Filed .....

Local Registrar

Near R. D. ...

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH April 24 1914

(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from April 12 1914, to April 24 1914.

that I last saw him alive on April 24 1914.

and that death occurred, on the date stated above, at 8 P. M.  
THE CAUSE OF DEATH\* was as follows:Exhaustion incident to Arterio  
Sclerosis, with digital regurgitation,  
which condition has been present for  
several years.

Contributory (SECONDARY) several years.

(Duration) 81 mos. ds.

In deaths of children under 2 years of age, state if Breast fed or Artificially fed.

(Signed) Frank C. Hammond M. D.

April 25 1914 (Address) 3385 N Broad St

\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

## 18. LENGTH OF RESIDENCE (FOR TRANSIENTS OR RECENT RESIDENTS).

At place In the  
of death. yrs. mos. ds. State. yrs. mos. ds.

Where was disease contracted,

If not at place of death?

Former or

usual residence

## 19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Mt Sinai Cem April 27 1914

## 20. UNDERTAKER

ADDRESS

A L Asher 1602 Ritzmond st