

Primary Dist. No. **2**

CERTIFICATE OF DEATH

Allegheny
Pittsburgh
Etna
St. Margarets Hos.
111 Cherry

1. PLACE OF DEATH:
 (a) County *Allegheny*
 (b) City or borough or township *Pittsburgh*
 (c) Name of hospital or institution: *St. Margarets Hos.*
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution *5 days*
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Penn.* (b) County *Allegheny*
 (c) City or town *Pittsburgh*
 (If outside city or town limits, write RURAL)
 (d) Street No. *111 Cherry St.*
 (If rural give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) FULL NAME *Charles Alpermann*

Charles Alpermann
195-18-5235
DOD-December 25, 1942

2. (b) If U. S. Veteran, complete reverse side of certificate
3 (c) Social Security No. *195-18-5235*

MEDICAL CERTIFICATION
 20. Date of death: Month *Decemb* day *25*
 year *1942* hour *11* minute *45 A.M.E.S.T.*

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *married*
 (b) Name of husband or wife *Ella Wainwright* (c) Age of husband or wife *58* years
 7. Birth date of deceased *Nov 10, 1879*
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Decemb 8 20, 1942*, to *Decemb 25, 1942*; that I last saw *him* alive on *Decemb 25, 1942*; and that death occurred on the date and hour stated above.

Ella Wainwright 58
DOB--Nov. 10, 1879
Age 63 yr 1 mo 15 days
POB--Etna, Pa.

8. AGE: Years *63* Months *1* Days *15*
 If less than one day
 hr. min.

Immediate cause of death
Pyloric obstruction

Pyloric obstruction
Gastric ulcer

9. Birthplace *Etna Pa.*
 (City, town, or county) (State or foreign country)

Due to *Gastric ulcer*

Watchman
None
Fredrick Alpermann
Germany

10. Usual occupation *Watchman*

Due to *H/O*

Amelia Mueller
Germany

11. Industry or business *none*

Other conditions
(Include pregnancy within 3 months of death)

Wife-Mrs. C. Alpermann
111 Cherry St., Etna
Burial Dec. 28, 1942
Allegheny New Mem. Park

12. Name *Fredrick Alpermann*
13. Birthplace *Germany*
 (City, town, or county) (State or foreign country)

Major findings:
Of operations

14. Maiden name *Amelia Mueller*
15. Birthplace *Germany*
 (City, town, or county) (State or foreign country)

Of autopsy

16. (a) Informant's own signature *Mrs. C. Alpermann*
 (b) Address *111 Cherry St. Etna*

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?

17. (a) Signature *William Fozztonye* (b) Date thereof *Dec 28 42*
 (Serial, cremation, or removal) (Month) (Day) (Year)

(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director *John J. ...*
 (b) Address *St. Margarets Hos.*

Where at work (Specify type of place)
 (c) Means of injury
19. (a) *12-27-42* (b) *W. Fozztonye*
 (Date received local registrar) (Registrar's signature)

Signature *William Fozztonye, M.D.* (M. D. or other)
 Address _____ Date signed _____

St. Margarets New Hosp. Pitts. Pa.

PHYSICIAN
Underline the cause to which death should be charged statistically.