

1. PLACE OF DEATH.

County of PHILADELPHIA,

CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS.

Township of

Registration District No. 1.

File No.

City of PHILADELPHIA.

Primary Registration District No.

Registered No.

21106

2. FULL NAME CHARLES HOUSEHOLDER 1764 Montgomery Ave., Phila.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH September 3rd, 1913

6. DATE OF BIRTH

17. I HEREBY CERTIFY, That I attended deceased from August 15th, 1913, to Sept. 3rd, 1913.

7. AGE 58 If LESS than 1 day how many hrs. or min.?

that I last saw him alive on Sept. 3rd, 1913, and that death occurred, on the date stated above, at 5.25 P.M. The CAUSE OF DEATH* was as follows:

8. OCCUPATION (a) Trade, profession, or particular kind of work Painter (b) General nature of industry business, or establishment in which employed (or employer)

Empysemia of feet & bladder. (Duration) yrs. mos. da.

9. BIRTHPLACE (State or Country) U.S.

Contributory (SECONDARY)

10. NAME OF FATHER

In deaths of children under 2 years of age, state if breast fed or artificially fed.

11. BIRTHPLACE OF FATHER (State or Country)

(Signed) Edw. M. Phillips M. D.

12. MAIDEN NAME OF MOTHER

9-3-13 (Address) German Hospital

13. BIRTHPLACE OF MOTHER (State or Country)

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

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

18. LENGTH OF RESIDENCE (For Hospitals and Institutions.)

(Informant) Jas. W. Vickars (Address) 2725 Ridge ave

At place of death

15. SEP 5 1913

19. PLACE OF BURIAL OR REMOVAL

Local Registrar

20. UNDERTAKER

1. PLACE OF DEATH.

CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS.

County of

Registration District No.

File No. 95531

Township of

Primary Registration District No.

Registered No. 21106

City of Milla German Hos St. Ward.

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

2. FULL NAME Charles Householder

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S

16. DATE OF DEATH 9 3 1913

6. DATE OF BIRTH

17. I HEREBY CERTIFY, That I attended deceased from 9/15 to 9/13 1913.

7. AGE 58 If LESS than 1 day how many hrs. or min.?

that I last saw him alive on 9/13 1913, and that death occurred, on the date stated above, at 6:25 P.M. The CAUSE OF DEATH* was as follows:

8. OCCUPATION (a) Trade, profession, or particular kind of work Painter (b) General nature of industry business, or establishment in which employed (or employer)

Empysemia of feet & bladder. (Duration) 93 yrs. mos. da.

9. BIRTHPLACE (State or Country) U.S.

Contributory (SECONDARY)

10. NAME OF FATHER

(Duration)

11. BIRTHPLACE OF FATHER (State or Country)

(Signed) Edw. M. Phillips M. D.

12. MAIDEN NAME OF MOTHER

9/13 (Address) German Hos

13. BIRTHPLACE OF MOTHER (State or Country)

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

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

18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents).

(Informant) Jas. W. Vickars (Address) 2725 Ridge ave

At place of death

15. 9/13

19. PLACE OF BURIAL OR REMOVAL

Local Registrar

20. UNDERTAKER