

1. PLACE OF DEATH.

County of **PHILADELPHIA**,

Township of

or
Borough ofCity of **PHILADELPHIA**.

CERTIFICATE OF DEATH.

Registration District No. 1.

Primary Registration District No.

Hospital
or
Institution.*St Mary Hospital**Christian Rickley - 1203 N. Githgow St.*COMMONWEALTH OF PENNSYLVANIA.
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS.

File No.

Registered No. **25510**

2. FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED
OR DIVORCED *Married*
(Write the word.)6. DATE OF BIRTH *Oct 25th 1911*
(Month) (Day) (Year)7. AGE *52* yrs. *18* ds. If LESS than 1 day
how many hrs. or
..... min. ?8. OCCUPATION
(a) Trade, profession, or
particular kind of work *Laborer*
(b) General nature of industry
business, or establishment in
which employed (or employer)9. BIRTHPLACE
(State or Country) *Phila*10. NAME OF
FATHER *Christian*11. BIRTHPLACE
OF FATHER
(State or Country) *Germany*12. MAIDEN NAME
OF MOTHER13. BIRTHPLACE
OF MOTHER
(State or Country)

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

(Informant) *Mary Rickley*
(Address) *1203 N. Githgow St*15. Filed 191.....
Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *October 25th 1911*
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from
October 24th 1911, to *October 25th 1911*,
that I last saw him alive on *October 25th 1911*,
and that death occurred, on the date stated above, at *9.30 P.M.*
The CAUSE OF DEATH¹ was as follows:*Alcoholic Croupous pneumonia**36* (Duration) yrs. mos. ds.Contributory
(SECONDARY.)
(Duration) yrs. mos. ds.In deaths of children under 2 years of age,
state if Breast fed or Artificially fed.(Signed) *Les J. Hyslop* M. D.
Oct 25 1911 (Address) *St Mary Hospital*¹State 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 HOSPITALS AND INSTITUTIONS.)
At place yrs. mos. ds. In the
of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted,
If not at place of death?
Form of
usual residence Ward,19. PLACE OF BURIAL OR REMOVAL *Greenmount Cemetery* DATE OF BURIAL *Oct. 29th 1911*20. UNDERTAKER *Edward J. Gensert* ADDRESS *416 W. Girard*