

## 1. PLACE OF DEATH

COUNTY OF PHILADELPHIA

## CERTIFICATE OF DEATH

16866

TOWNSHIP OF .....

REGISTRATION DISTRICT No. 1.

FILE NO. ....

OR  
BOROUGH OF .....

PRIMARY REGISTRATION DISTRICT No. ....

REGISTERED NO. ....

CITY OF PHILADELPHIA.

(No. ....)

ST. ....

WARD) .....

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

## 2. FULL NAME

*Osie Schershengost (Schershengost)*  
*111 West Gen Hospital*

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED WIDOWED OR DIVORCED *Married*  
(Write the Word)

16. DATE OF DEATH

6. DATE OF BIRTH *April 11 1875*  
(Month) (Day) (Year)17. I HEREBY CERTIFY THAT AN INQUEST WAS HELD UPON THE BODY OF THE ABOVE NAMED DECEASED ON THE *JUL 10 1914* DAY OF *1914*; THAT THE JURY RENDERED A VERDICT GIVING7. AGE *39* yrs. *3* mos. *9* ds. If LESS than 1 day how many hrs. or min.?

THE CAUSE OF DEATH AS FOLLOWS:

8. OCCUPATION  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry business, or establishment in which employed (or employer)*Heart. I.*  
*coron. Bright's*  
*(120)*  
*Wm R. Knight Jr*  
(SIGNED) .....9. BIRTHPLACE (State or Country) *Kansas*

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (State or Country) *Kansas*

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (State or Country) *Kansas*

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

(INFORMANT) *Wm R. Knight Jr*  
(ADDRESS) *2501 - Lehigh Ave*18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was deceased contracted, if not at place of death?  
Former or usual residence .....15. FILED *JUL 10 1914*  
LOCAL REGISTRAR19. PLACE OF BURIAL OR REMOVAL *St. Ann's* DATE OF BURIAL *July 11 1914*  
20. UNDERTAKER *Wm R. Knight Jr* ADDRESS *2129 N. 19th St**JUL 10 1914 Wm R. Dearhoff*