

CERTIFICATE OF DEATH

Registered No.

109215

1. NAME OF DECEASED
Type of Print **JOSEPH S. SERAFIN**

2. DATE AND HOUR OF DEATH
DEC. 24 1947

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

4. USUAL RESIDENCE (When deceased was living in Baltimore, give address of residence before admission)
A. STATE **PA**
B. COUNTY **LEHIGH**
C. CITY OR TOWN (If outside city limits, write address and give by ship)
ALLENTOWN
D. STREET ADDRESS (If rural, give locality)
1700 HANOVER AVE.

FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
WHITE HALL Twp. LEHIGH Co. PA.

5. RACE
M **W**

6. MARRIAGE STATUS (Specify)
WIDOWED

7. DATE OF BIRTH (Specify)
JAN. 24, 1895 **62**

8. USUAL OCCUPATION (Specify)
INTERNE, - STATE HOSPITAL

9. STATEPLACE (State or foreign country)
HUDSON, PA

10. CHILD OF WHAT COUNTRY?
USA

11. FATHER'S NAME
ANDREW SERAFIN

12. MOTHER'S MAIDEN NAME
ANNA DZUBEK

13. Informant
SYLVIA D. SERAFIN, WASHINGTON, D.C.

14. Address
SYLVIA D. SERAFIN, WASHINGTON, D.C.

15. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(CARDIAC) CORONARY DISEASE

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

16. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.
190 94a

17. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
EXPOSURE TO COLD

18. 19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
19C. AUTOPSY? Yes or No
19D. IS THIS CASE BEING CONSIDERED IN CERTAINING CAUSES OF DEATH?

20. 20A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (initially medical examined)
20B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20C. WHERE DID INJURY OCCUR? (If in unknown place, give exact location)

21. 21A. TIME OF INJURY (Month) (Day) (Year) (Hour) (Approx)
21B. INJURY OCCURRED
21C. HOW DID INJURY OCCUR?
While At Work Not While At Work

22. I certify that (I) (this hospital) attended the deceased from _____ 19____ to _____ 19____
that (I) (we) last saw the deceased alive on _____ 19____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE
M.D. Attending Phys. Med. Director Staff Phys.
12/27/47

23C. PHYSICIAN'S NAME (Type)
W. F. FOX DEPUTY CORONER M.D.

23D. ADDRESS
Coplay, PA

24. BURIAL CREMATION, REMOVAL (Specify)
Burial

24B. DATE
12-30-47

24C. NAME OF CEMETERY OR CREMATORY
NORTHAMPTON N.H.C. PA.

24D. LOCATION (City, town, or county) (State)
NORTHAMPTON N.H.C. PA.

25. DATE REC'D BY HEALTH DEPT.
12-28-1947

25B. NAME OF REGISTRAR
MARIE G. CROWDER

25C. FUNERAL DIRECTOR
WILLIAM J. SWALLOW, NORTHAMPTON, PA.