

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

File No. **34683**

Primary Dist. No. **4132439**

CERTIFICATE OF DEATH

Registered No. **606 X**  
**309**

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Pa.</b> b. COUNTY <b>Chester</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <b>Lower Merion</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <b>Paoli</b> <b>2.3X</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Bryn Mawr Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Box 622</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>G.</b> c. (Last) <b>Graff</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>4 16 55</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-25-66</b>	9. AGE (In years last birthday) <b>88</b>	If under 1 year Months Days	If under 24 hrs. Hours Min.
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a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Grain Broker</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Also give State or foreign country) <b>Paoli, Pa.</b>	12. CITIZEN OF WHAT COUNTRY?
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13. FATHER'S NAME <b>Louis G. Graff</b>	14. MOTHER'S MARRIEN NAME <b>Margaret C. Bell</b>
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5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, complete reverse side of certificate)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE <b>Catharina Ann Graff</b>	ADDRESS <b>Paoli, Pa.</b>
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8. CAUSE OF DEATH (Enter only one cause: line for (a), (b), 1 (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>	DUE TO (b)		<b>491X</b>
ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)	DUE TO (c) <b>Fractured Hip</b>		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			

a. DATE OF OPERATION <b>4-4-55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Open Reduction - Fracture Rt Hip</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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1a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)
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d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED (While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/> m. E.S.T.)	21f. HOW DID INJURY OCCUR?
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2. I hereby certify that I attended the deceased from **4-1-55** to **4-16-55**, that I last saw the deceased alive on **4-16-55** and that death occurred at **6:58 P.m. E.S.T.** from the causes and on the date stated above.

23a. SIGNATURE <b>Manrico Tronchetti</b>	M.D. or D.O.	23b. ADDRESS <b>Bryn Mawr Hospital</b>	23c. DATE SIGNED <b>4/16/55</b>
a. BU'RIAL CREMA- OR, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/20/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Memorial</b>	24d. LOCATION (Town, township and county) (State) <b>Chester Co., Pa.</b>

17E REC'D BY LOCAL REG <b>4-19-55</b>	REGISTRAR'S SIGNATURE <b>Jany Mastella</b>	25. SIGNATURE OF FUNERAL DIRECTOR <b>John R. Camp</b>	ADDRESS <b>The Oliver &amp; Stein Co., 1820 Chestnut St</b>
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