

# RETURN OF A DEATH

## IN THE CITY OF PHILADELPHIA

20013

### Hospital Certificate.

1. Full Name of Deceased, *Henry Kappel*  
 2. Color, *White* state if Chinese, Japanese, Indian  
 3. Sex, *Male*  
 4. ~~Single~~ Married,  state if Widower, Divorced  
 5. Age, *45* (If age is less than one day, give hours)  
 6. Date of Death, *1905* Year, *8* Month, *27* Day

No Certificate will be accepted which is MUTILATED, ILLEGIBLE, INACCURATE, or any portion of which has been ERASED, INTERLINED, CORRECTED or ALTERED, as all such changes impair its value as a Public Record.

7. Cause of Death, *Myocarditis Nephritis*  
 { Chief  
 { Contributing

8. Place, or Street and Number from which Patient was received }  
**Must be given in all cases.**

*Dr. M. Strook*, M. D.  
 Hospital, *Philadelphia*

### Undertaker's Certificate.

9. Occupation, *Idleness* (Give occupation for all persons 15 years of age and over) 10. Place of Birth, *Phila*  
 11. Birthplace of Father, *Germany* 12. Birthplace of Mother, *Germany*  
 When a Minor, { Name of Father,  
 { Name of Mother.

14. Ward, wherein death occurred,  
 15. Buried from, Street and No., *178 Diamond St.*  
 16. Date of Burial, *Aug 31st 1905*  
 17. Place of Burial, *Most Holy Redeemer*

*Mrs. Eug. Breding* — Undertaker  
 Residence, *178 Diamond St.*

\* This Certificate must be exchanged at the Health Office for a Permit before burial takes place or body is removed from the City.