



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Primary
Dist No. 1

File No. 102111-21

Registered No. 21685

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|---|-------------------------------|---|--|---|---------------------------------------|
| 1. PLACE OF DEATH a. County <u>Phila.</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. State <u>Pa.</u> b. County <u>Phila.</u> | | |
| b. City (If outside corporate limits, write RURAL and give township) or Borough <u>Philadelphia</u> | | c. Length of Stay (in this place) <u>-</u> | c. City (If outside corporate limits, write RURAL and give township) or Borough <u>-</u> | | |
| d. Full Name of Hospital or Institution <u>P.H.M.D. - Byberry</u> | | | d. Street Address (If rural, give location) <u>1617 N. Clarion St.</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Levi</u> | | b. (Middle) <u>S.</u> | c. (Last) <u>Meyerle</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-1921</u> | |
| 5. SEX <u>M.</u> | 6. COLOR or RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>-1859</u> | 9. AGE (in yrs. last birthday) <u>62</u> | If Under 1 Yr. Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Master</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (also give State or foreign country) <u>Philadelphia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>-</u> |
| 13. FATHER'S NAME <u>-</u> | | | 14. MOTHER'S MAIDEN NAME <u>-</u> | | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, complete reverse side of certificate) <u>-</u> | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S OWN SIGNATURE <u>Levi Meyerle</u> | | ADDRESS <u>1617 N. Clarion St.</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | INTERVAL Between ONSET and DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | | | | |
| ANTECEDENT CAUSES | Morbidity conditions, if any, DUE TO (b) <u>-</u> | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | DUE TO (c) <u>-</u> | | | | |
| II OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u> | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
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| 21a. 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) | |
| 21d. TIME (Month) (Day) (Year) Hour OF INJURY | 21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 11-3..., 1921., to ... 11-4....., 1921., that I last saw the deceased alive on 11-4....., 1921., and that death occurred atm. E.S.T., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>M. H. Cohen</u> | M.D. <u>XXXX</u> | 23b. ADDRESS <u>Byberry</u> | 23c. DATE SIGNED <u>11-4-21</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>Nov. 7, 1921</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem.</u> | 24d. LOCATION (Town, township and county) (State) <u>-</u> |
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| DATE REC'D by LOCAL REG. <u>Nov. 7, 1921</u> | REGISTRAR'S SIGNATURE <u>E. C. Lawrence</u> | 25. SIGNATURE OF FUNERAL DIRECTOR <u>A. S. Beers & Son</u> | | ADDRESS <u>2529 Jefferson St.</u> | |
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Dep.