Form V. S. No. 5.—B—6-28-16.

553

39

1. PLACE OF DEATH.

County of PHILADELPHIA,

Township of

or Borough of

or City of PHILADELPHIA.

Hospital or Institution, Philadelphia General

2. FULL NAME Willis Rementer

CERTIFICATE OF DEATH.

Registration District No 1.

Primary Registration District No.

Commonwealth of Pennsylvania.
DEPARTMENT OF HEALTH
Bureau of Vital Statistics.

File No. 82439

Registered No. 19211

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write word) Married

6. DATE OF BIRTH (Month) March (Day) 4 (Year) 1878

7. AGE 44 yrs. 6 mos. 9 ds. If LESS than 1 day how many hrs. or min.?

8. OCCUPATION
(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Philadelphia

10. NAME OF FATHER Charles Rementer

11. BIRTHPLACE OF FATHER (State or Country) Philadelphia

12. MAIDEN NAME OF MOTHER Emma Baker

13. BIRTHPLACE OF MOTHER (State or Country) Philadelphia

PARENTS

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Hanna Rementer
(Address) 3200 S. 10 St.

15. Filed SEP 25 1922 191 W. Lawrence Local Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (Month) 9 (Day) 23 (Year) 1922

17. I HEREBY CERTIFY, That I attended deceased from 9 8 1922 to 9 23 1922 that I last saw him alive on 9 23 1922 and that death occurred, on the date stated above, at 6.15 A.M. The CAUSE OF DEATH* was as follows: General Paralysis of the Insane

(Duration) 3 yrs. 1 mos. 15 ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

In deaths of children under 2 years of age, state if Breast fed or Artificially fed.

(Signed) H. J. Blackmore M. D.
9 23 1922 (Address) Phila. Gen. Hosp.

*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18. LENGTH OF RESIDENCE (For Hospitals and Institutions.)
At place of death yrs. mos. 15 ds. In the State yrs. mos. ds.
Where was disease contracted, If not at place of death?
Former or usual residence 3200 S. 10th St. Ward 39

19. PLACE OF BURIAL OR REMOVAL Holy Cross Cem. DATE OF BURIAL Sep. 26 1922

20. UNDERTAKER W. J. Cushing ADDRESS 1118 Snyder Ave.