

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICSFile No. 57268Primary
Dist. No. 2.CERTIFICATE OF DEATH 340Registered No. 4039

1. PLACE OF DEATH:

(a) County Allegheny
 (b) Township
 (c) Borough
 (d) City Pittsburgh
 (e) Name of hospital
 or institution 1730 Brighton Pl.
 (If not in hospital or inst. write street number or location)
 (f) Length of stay:
 In hospital or inst. (g) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa. (b) County Allegheny
 (c) City or town Pittsburgh
 (If outside city or town limits, write RURAL)
 (d) Street No. 1730 Brighton Pl.
 (If rural give location)
 (e) If citizen of foreign country, name country

3. (a) FULL NAME Leo Gattiers

3. (b) If U. S. Veteran, complete
 reverse side of certificate 3. (c) Social Security
 No.

4. Sex M 5. Color or
 race W 6. (a) Single, widowed, married,
 divorced Married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or
 wife if alive years

7. Birth date of deceased Sept. 10 1882
 (Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 23
 If less than one day
 hr. min.

9. Birthplace Italy
 (City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business

MOTHER FATHER } 12. Name Samuel Gattiers

13. Birthplace Italy
 (City, town, or county) (State or foreign country)

14. Maiden name Mathilda Wingo

15. Birthplace Italy
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Gattiers

(b) Address 1730 Brighton Place

17. (a) Burial (b) Date thereof 6/5/45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Union Dale County Allegheny State Pa.

18. (a) Signature of funeral director Toy P. Smith

(b) Address 1707 Brighton Pl. W.D.

19. (a) JUN 5 1945 (b) Edw E. Boudin
 (Date received loc. l registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month June day 3
 year 1945 hour 5:45 minute

21. I hereby certify that I attended the deceased from
May 20, 1945, to June 3, 1945
 that I last saw him alive on June 2, 1945
 and that death occurred on the date and hour
 stated above.

Immediate cause of death Chronic Pulmonary
 Tuberculosis

Due to

Due to 137

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none

Of autopsy

DURATION

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, or homicide (specify) 20

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial
 place, in public place?

(Specify type of place)
 While at work? (e) Means of injury

23. Signature Frank D. ... (M. D. or other)
 Address 1707 Columbia Date signed 6-4-45

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE
 OF DEATH in plain terms, so that it may be properly classified. Exact Statement of OCCUPATION is very important. See instruc-
 tions on back of certificate.