

CERTIFICATE OF DEATH

064583-62

PRIMARY DIST. NO. 07001-087

1. DEATH OCCURRED IN: a. County Blair b. City or borough Altoona c. If death did not occur in City or borough, give name of township (Do not use R. D. or Box Number) -- d. Full Name of Hospital or Institution (If not in hospital, give street address) Altoona Hospital

2. DECEASED'S MAILING ADDRESS: a. Street address, R. D., or Box Number 713 1st Avenue b. Post Office, Zone, and State Altoona, Pa. 3. VETERAN Yes [] NO [x] a. Which War b. Serial No.

4. NAME OF DECEASED (Type or print) a. (First) Bartholomew b. (Middle) JOSEPH c. (Last) TARTAGLIO

5. DATE OF DEATH (Month) (Day) (Year) July 26, 1962

6. WHERE DID DECEASED ACTUALLY LIVE? a. State Pa. b. County Blair c. Did deceased live in a township? [x] No, deceased lived within actual limits of Altoona city or borough.

7. SEX m 8. COLOR OR RACE w 9. MARRIED [x] NEVER MARRIED [] WIDOWED [] DIVORCED [] 10. DATE OF BIRTH Jan. 11, 1902 11. AGE (In years last birthday) 60 If under 1 year last birthday Months Days If under 24 hours Hours Min.

12. USUAL OCCUPATION (even if retired) Machinist, P.R.R. 13. SOCIAL SECURITY NO. 14. BIRTHPLACE (State or foreign country) Altoona, Pa. 15. CITIZEN OF WHAT COUNTRY? U.S.A.

16. FULL NAME OF SPOUSE Catherine Cella

17. MOTHER'S MAIDEN NAME Mary Massaro

18. FATHER'S NAME Domineck Tartaglio

19. INFORMANT'S NAME AND ADDRESS Catherine Tartaglio 713 1st Ave. Altoona, Pa.

MEDICAL CERTIFICATE (Items 20 through 23 must be completed by physician only)

20. CAUSE OF DEATH: Enter only one cause per line for (a), (b) & (c). PART I. Death was caused by: IMMEDIATE CAUSE (a) Peripheral Circulatory Collapse Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) myocardial infarct with rupture lateral wall left ventricle heart. DUE TO (c) acute coronary occlusion.

INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days

PART II. OTHER SIGNIFICANT CONDITIONS: contributing to death but not related to the immediate cause given in Part I (a) None.

21. WAS AUTOPSY PERFORMED? Yes [x] No []

22. a. ACCIDENT Yes [] No [] 22. b. DESCRIBE HOW ACCIDENT OCCURRED 22. c. TIME OF ACCIDENT Hour Month Day Year

22. d. ACCIDENT OCCURRED While at work [] Not while at work [] 22. e. PLACE OF ACCIDENT (e.g. home, farm, street, etc.) 22. f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

23. I hereby certify that I attended the above named deceased and that death occurred from the causes and on the date stated above at 4:40 P.M., E.S.T. M. D.

a. Signature [Signature] b. Address Altoona Pa c. Date signed 7/26/62

24. a. BURIAL [x] CREMATION [] REMOVAL [] 24. b. DATE 7/30/1962 24. c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24. d. LOCATION (City, Boro., Twp., & County) (State) Altoona, Blair, Pa.

25. DATE REC'D BY REG. 7-28-1962 26. REGISTRAR'S SIGNATURE Leonora S. Miller 27. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR Thomas M. Stevens 1421 8th Ave. Altoona, Pa.

A 07001 B 20 C D E F G 4201 H I J K L M N O P