

Primary Dist. No. 15-01-01

Registered No. 162

CERTIFICATE OF DEATH

536

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information 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 Instructions on back of certificate.

1. PLACE OF DEATH:
(a) County CHESTER
(b) City or borough or township COATESVILLE
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 31 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PENNA (b) County CHESTER
(c) City or town COATESVILLE
(If outside city or town limits, write RURAL).
(d) Street No. 740 COATES
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years.

3. (a) FULL NAME EMELIA D'ANDREA
3. (b) If U. S. Veteran, complete reverse side of certificate | 3 (c) Social Security No. ✓
4. Sex FEMALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joseph D'Andrea | 6 (c) Age of husband or wife if alive — years
7. Birth date of deceased June 11 1882
(Month) (Day) (Year)
8. AGE: Years 60 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace ITALY
(City, town, or county) (State or foreign country)
10. Usual occupation House wife
11. Industry or business
12. Name STEVEN TICO
13. Birthplace ITALY
(City, town, or county) (State or foreign country)
14. Maiden name TERESA CILLA
15. Birthplace ITALY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Josephine Karafin
(b) Address 5232 Walnut St Phila Pa 22
17 (a) BURIAL (b) Date thereof 5-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. CECELIA'S COM. COATESVILLE PA
18. (a) Signature of funeral director George H. Susman
(b) Address Coatesville Pa
19 (a) May 13. 43 (b) Anna H. Thayer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month May day 10
year 1943 hour 3 AM minute
21. I hereby certify that I attended the deceased from May 7, 1942 to May 7, 1943
that I last saw her alive on May 7, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis
Due to Arteriosclerosis 9/10
Due to Diabetes mellitus 10 yrs.
Other conditions _____
(Include pregnancy within 3 months of death)

Major Of _____
Of _____
22. If _____
(a) (Probably) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(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 Richard A. Grogan (M. D. or other)
Address Coatesville Pa Date signed May 10/43

QUALE PERSONA A CONOSCENZA DELLA DECEDUTA SI PRESENTA L' ULTIMA FIGLIA DI EMILIA TICO' IN D'ANDREA, JOSEPHINE D'ANDREA IN KARAFIN NATA NEGLI USA (INDIANA PA) IL 20/11/1905. JOSEPHINE E' LA STESSA PERSONA CHE NEL 1936, QUANDO MUORE TERESA D'ANDREA IN RAMBO, SORELLA MAGGIORE DI JOSEPHINE, FIRMA IL CERTIFICATO DI MORTE (si firma come Mrs. Josephine Karafin residente a Philadelphia al nr°5232 di Walnut Street) QUALE PERSONA A CONOSCENZA DELLA DECEDUTA. QUI SBAGLIA LA DATA DI NASCITA DELLA MADRE E OLTRE A QUESTO SI CONFONDE CON I NOMI DEI NONNI MATERNI (MAI CONOSCIUTI) STEVEN (STEFANO) E' IL NOME DEL NONNO PATERNO, MENTRE TICO' E' IL COGNOME DELLA MADRE DA NUBILE. TERESA CELLA E' LA NONNA PATERNA.

DURATION
PHYSICIAN
Underline the cause to which death should be charged statistically.
Following: