

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

File No. 7311

Registered No. 764

Primary Dist. No. 5101-461

1. PLACE OF DEATH a. County PHILA DELPHIA		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. State PA b. County PHILADELPHIA	
b. City (If outside corporate limits, write RURAL and give township) or Borough PHILA DELPHIA		c. City (If outside corporate limits, write RURAL and give township) or Borough PHILA DELPHIA	
d. Full Name of Hospital or Institution PRESBYTERIAN HOSPITAL		d. Street Address (If rural, give location) DOA 50 N 60th Street	

3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) J c. (Last) D'ANDREA			4. DATE OF DEATH (Month) (Day) (Year) 1-5-56		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 9-13-04	9. AGE (In years last birthday) 51	If under 1 year Months Days	If under 24 hrs. Hours Min.
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10. FULL NAME OF SPOUSE UNK		11. BIRTHPLACE (Also give State or foreign country) PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME JOSEPH D'ANDREA		14. MOTHER'S MAIDEN NAME GIOVANNA ANTENIOCCOMI	
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15. USUAL OCCUPATION (even if retired) SCRAP DEALER	16. SOCIAL SECURITY 185 05 1734	17. INFORMANT'S SIGNATURE BENJAMIN D ANDREA ADDRESS 333 W CHESTNUT	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION W CHESTER PA		INTERVAL Between ONSET and DEATH 9035
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURED SKULL: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRAIN DAMAGE DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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21a. ACCIDENT (Specify) UNKN MANNER	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) HIGHWAY	21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE) UNKNOWN PHILA
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1-4-56 m. E.S.T.	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? FELL ON HIGHWAY
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22. I hereby certify that a ~~view~~ inquest was held upon the body of the above named deceased on **1-30-56** 19....., and that death occurred **7** at **4.0** P.....m, E.S.T., from the causes and on the date stated above.

23a. SIGNATURE OF CORONER EXAMINER	23b. ADDRESS	23c. DATE SIGNED JAN 31 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan-10-56	24c. NAME OF CEMETERY OR CREMATORY S. Paul Roberts	24d. LOCATION (Town, township and county) (State) Cotterville Chester Co Pa.
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DATE REC'D by LOCAL REG. 2-1-56	REGISTRAR'S SIGNATURE Joseph A. Janelle	25. SIGNATURE OF FUNERAL DIRECTOR S. Paul Roberts ADDRESS Cotterville Pa.
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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.