

Primary Dist. No. 02-42-41

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

253

File No. 67639

CERTIFICATE OF DEATH

Registered No. 20

1. PLACE OF DEATH
County Allegheny
Township Springdale
Borough _____
City _____

No. _____ St. _____ Ward _____
(If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.

(IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (type or print) Luigi De Santa
Residence: No. _____ Street _____ Ward _____
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of not known

6. DATE OF BIRTH (month, day, and year) June 21 1860

7. AGE Years Months Days If LESS than 1 day, hrs. or mins.
77 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or Country) Italy

13. NAME not known

14. BIRTHPLACE (city or town) (State or Country) Italy

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or Country) Italy

17. SIGNATURE (name and address) OF INFORMANT Albert Ferrino (friend)
630 Chestnut Springdale Pa.

18. BURIAL, CREMATION, OR REMOVAL: Date July 27 1937
Crapee Cemetery County Westmoreland State Pa.

19. UNDERTAKER (name and address) Chas Mattie Springdale Pa.

20. FILED 7-21 1937 W. B. White
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1937, to July 19, 1937.

I last saw him alive on July 19, 1937; death is said to have occurred on the date stated above, at 5:40 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Bronchial Arthritis
Date of onset 7-14-37
131
93C

Other contributory causes of importance:

arterio-sclerosis
chronic nephritis
chronic myocarditis

Name of operation none Date of _____

What test confirmed diagnosis? clinical symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. T. Holland M. D.

(Address) Springdale Pa.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.