

Primary Dist No. 1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

535 33314

1. PLACE OF DEATH
County Philadelphia
Township _____
Borough _____
City Philadelphia

File No. _____
Registered No. 8490

CERTIFICATE OF DEATH

No. Temple University Hospital 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) Miss Louise Antoniacomi
Residence: No. 2433 Master St. _____ Ward. _____
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single
6. DATE OF BIRTH (month, day, and year) July 20-1866
7. AGE Years 73 Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ mins.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silkmill, 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 Ferdinando Antonio

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

15. MAIDEN NAME Anna Elizabeth

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

17. SIGNATURE OF INFORMANT _____
(Address) 2433 Master St
Anna Antoniacomi

18. BURIAL, CREMATION, OR REMOVAL: Date 4/5, 1940
Holy Sepulchre County _____ State _____

19. UNDERTAKER (name and address) Nesley H. Kehr 2428-307 Broad St

20. FILED APR 12 1940 19 _____
Joseph A. Farrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4/10, 1940
(month, day, and year)

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1944 to 4-10, 1944
I last saw her alive on 4-10, 1940; death is said to have occurred on the date stated above, at 10:38 P.M.

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

Cholecholelithiasis

Date of onset

?

Other contributory causes of importance:

Acute cholecystitis
Acute generalized suppurative peritonitis

4-6-40
4-8-40?

Name of operation Drainage - abdomen Date of 4-10-40

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

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) J. R. Mantore M. D.

4/11 1940 (Address) Temple Univ. Hosp.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.