COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS

	Primary CERTIFICAT	E OF DEATH	Registered No. 1265			
	a. County PHILA	2. USUAL RESIDENCE (where deceased fore admission) a. State	I lived. If institution: residence be-			
X	b. City, Borough or Township c. Length of stay in 1b. PHILA 4292.	c. City, Borough or Township				
	d. FULL NAME (N. NOT in hospital, give street address) of HOSPITAL or INSTITUTION 2433 IV. MASTER ST.	d. Street Address or Location 2433 MASTER	87,0H12AA			
	e. Is Place of Death Inside Municipality Limits?	e. Is Residence Inside Municipality	Limits? f. Is Residence on a Farm?			
	Yes No No		No Yes No			
4221	3. NAME OF DECEASED (Type or print) AMNA (T	C. (Last) A COM DEATH	(Month) (Day) (Year 62			
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED		day) Months Days Hours Min.			
	10. FULL NAME OF SPOUSE GIA COMO ANTOMIACOMI	11. BIRTHPLACE (Also give state or country) S. W. T. Z. E. C.	/ 0011117011			
	13. FATHER'S NAME JACOB SWETTLER	14. MOTHER'S MAIDEN NAME				
	15. USUAL OCCUPATION (even if retired) 16. Social Security No None	DA () GATER -50 19	ADDRESS (1/1775)			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c) PART 1. Death was caused by:	TION)]	INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (a) al pulmen		8/10			
	Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) Congistive has a congi		24 hes 234 RS.			
	PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but n		Part I (a)] 19. WAS AUTOPSY PERFORMED? Yes \(\bar{N}\) No \(\bar{C}\)			
	20a. ACCIDENT SUICIDE HOMI- CIDE 20b. DESCRIBE HOW INJURY OCCUR		Hour, Month, Day, Year			
	20d. INJURY OCCURRED While at Not while at work 20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	20f. CITY, BOROUGH, TOWNSHIP	COUNTY STATE			
	21. I hereby certify that I attended the deceased from					
	alive on 62. 1962 and that death occurred at					
		25 12 W. Poplar &	hela 6 22c. DATE SIGNED			
	23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETE CREMATORY CREMATORY CREMATORY SEPULCE	ERY OR 23d. LOCATION (C WRE CEM- CHELTENNA	ity, Boro., Twp. & County) (State)			
	JUN 26 1967 25. REGISTRAR'S SIGNATURE Harrell	26. SIGNATURE OF FUNERAL DIE	RECTOR ADDRESS			
	1002		Parsa as, Ma.			