COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL STATISTICS

File No. 74665-47

Primary Dist No. —

# CERTIFICATE OF DEATH

Registered No. 15956

1. PLACE OF DEATH
a. County: Philadelphia
b. City, Borough or Township: Philadelphia
c. Length of stay in 1b.:
d. FULL NAME (If Not in hospital, give street address) of HOSPITAL or INSTITUTION: Residence
e. Is Place of Death Inside Municipality Limits? Yes ☐ No ☐

2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission)
a. State: Pa. b. County: Phila.
c. City, Borough or Township: Philadelphia
d. Street Address or Location: 3100 N. 15th St.
e. Is Residence Inside Municipality Limits? Yes ☐ No ☐
f. Is Residence on a Farm? Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): a. (First) Harry b. (Middle) H. c. (Last) Davis
4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 1947
5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: July 18 1873
9. AGE (in years last birthday): 74
If under 1 year: Months — Days 23
If under 24 hrs.: Hours — Min. —
10. FULL NAME OF SPOUSE: Eleanor Hicks
11. BIRTHPLACE (Also give state or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY: —
13. FATHER'S NAME: No Record Born No Record
14. MOTHER'S MAIDEN NAME: No Record Born No Record
15. USUAL OCCUPATION (even if retired): Guard Foreman
16. Social Security No.: — —
17. INFORMANT: Eugene S. Davis ADDRESS 5235 Walton Ave.

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]
PART 1. Death was caused by:
IMMEDIATE CAUSE (a): Cerebral Apoplexy — Interval Between Onset and Death:
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last.
DUE TO (b): High Blood Pressure
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS [contributing to death but not related to the terminal disease given in Part 1 (a)]

19. WAS AUTOPSY PERFORMED? Yes ☐ No ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED
20c. Time of Injury: Hour, m. E.S.T. Month, Day, Year
20d. INJURY OCCURRED While at work ☐ 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 Jan. 1 5..., 19 47, to Aug. 11, 19 47, that I last saw the deceased alive on Aug. 11..., 19 47, and that death occurred at 7.15 P.m, E.S.T., from the causes and on the date stated above.

22a. SIGNATURE M.D. or D.O.: Gerald O. Darrell
22b. ADDRESS: Allegheny Ave.
22c. DATE SIGNED: 8-12-1947

23a. BURIAL ☒ CREMATION ☐ REMOVAL ☐
23b. DATE: 8-14-47
23c. NAME OF CEMETERY OR CREMATORY: West Minister Cem
23d. LOCATION (City, Boro., Twp. & County) (State): Mont. Co. Pa.

24. DATE REC'D BY REG.: 8-13-1947
25. REGISTRAR'S SIGNATURE: Joseph A. Darrell
26. SIGNATURE OF FUNERAL DIRECTOR ADDRESS: The Elmer H. Baer 1825 Chestnut St. Phila.