

## 1. PLACE OF DEATH.

County of **PHILADELPHIA**,  
 Township of *Phila*  
 or  
 Borough of *Phila*  
 or  
 City of **PHILADELPHIA**.

## CERTIFICATE OF DEATH.

Registration District No. 1.

Primary Registration District No.

COMMONWEALTH OF PENNSYLVANIA.  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS.File No. **22166**

Registered No.

(No. *320 W York* St. *19th* Ward.)

## 2. FULL NAME

*Charles Estacher*

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*6. DATE OF BIRTH *7 28 1867*  
(Month) (Day) (Year)7. AGE *43* yrs. *1* mos. *3* ds. If LESS than 1 day how many.....hrs. or .....min.?8. OCCUPATION  
(a) Trade, profession, or particular kind of work *Oyster Saloon*  
(b) General nature of industry business, or establishment in which employed (or employer)9. BIRTHPLACE *Penna*  
(State or Country)10. NAME OF FATHER *Godfrey Estacher*11. BIRTHPLACE OF FATHER *Germany*  
(State or Country)12. MAIDEN NAME OF MOTHER *Unknown*13. BIRTHPLACE OF MOTHER *Germany*  
(State or Country)

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) *Pena Estacher*  
(Address) *320 W. York St*15. Filed *1910*

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH *Aug 31 1910*  
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from *Aug 14 1910*, to *Aug 31 1910*, that I last saw him alive on *Aug 31 1910*, and that death occurred, on the date stated above, at *6:40 P.M.* The CAUSE OF DEATH\* was as follows:*Acute Nephritis*(Duration) *10* yrs. *10* mos. *5* ds.Contributory *Uremia*  
(SECONDARY) (Duration) *5* yrs. *5* mos. *5* ds.

In deaths of children under 2 years of age, state if Breast fed or Artificially fed,

(Signed) *Sam Morton Kennedy* M. D.  
*9. 1. 1910* (Address) *2244 N. Front*

\*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR TRANSIENTS OR RECENT RESIDENTS).

At place In the  
of death.....yrs.....mos.....ds. State.....yrs.....mos.....ds.  
Where was disease contracted,  
If not at place of death?  
Former or  
usual residence19. PLACE OF BURIAL OR REMOVAL *Northwood* DATE OF BURIAL *Sept 4 1910*20. UNDERTAKER *John E. Miles & Son 1417 E Susy* ADDRESS *Phila*

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. See instructions on back of certificate.

Local Registrar