

21783

RETURN OF A DEATH

IN THE CITY OF PHILADELPHIA.

PHYSICIAN'S CERTIFICATE.

1. Name of Deceased,

Adam Rocap

2. Color,

white

3. Sex,

male

4. Age,

38 years

5. Married or Single,

married

6. Date of Death,

March 29th 1892

7. Cause of Death,

Intestinal perforation resulting from obstruction

A. L. Lippman

M. D.

Residence,

1630 11th St

UNDERTAKER'S CERTIFICATE IN RELATION TO DECEASED.

8. Occupation,

Shipping &

9. Place of Birth,

Austria

10. When a Minor,

Name of Father,

Name of Mother

11. Ward,

32nd

12. Street and Number,

231-3 7th St

13. Date of Burial,

April 2nd 1892

14. Place of Burial,

Mt. Peace

Jacob S. Dechler Undertaker.

Residence,

1549 7th St