

Pennsylvania  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 70 152

1. NAME OF DECEASED  
**HARRY G. COVELESKIE**

2. DATE AND HOUR OF DEATH  
**AUG. 4, 1950 11:15 A.M.**

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where decedent lived, if institution; residence before admission)

A. STATE **PA** B. COUNTY **NORTHUMBERLAND**

C. CITY OR TOWN (If outside city limits, write RR/Rd and give town, hwy)  
**SHAMOKIN**

D. STREET ADDRESS (If rural, give location)  
**242 W. SUNBURY ST.**

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**SHAMOKIN STATE HOSP.**

**COAL TWP. NORTHUMBERLAND CO., PA**

6. SEX **M** 7. RACE **W** 8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)  
**MARRIED**

8. DATE OF BIRTH **APR. 22, 1894** 9. AGE (In years last birthday) **64**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**BARTENDER, RET.** 10B. KIND OF BUSINESS OR INDUSTRY **OWN CAFE**

11. BIRTHPLACE (State or foreign country) **SHAMOKIN, PA.** 12. CITIZEN OF WHAT COUNTRY? **US.**

13. FATHER'S NAME **ANTHONY COVELESKIE** 14. MOTHER'S MAIDEN NAME \_\_\_\_\_

15. Was Decedent Ever in U. S. Armed Forces? (Yes, No or unknown) (If yes, give war or dates of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT ADDRESS  
**MRS. H. COVELESKIE, 242 W. SUNBURY ST.**

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **CEREBRAL HEMORRHAGE** INTERVAL BETWEEN ONSET AND DEATH **3 DAYS**

(B) **DIABETES** **10 YRS.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

**260X**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION \_\_\_\_\_ 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED \_\_\_\_\_

20A. AUTOPSY? (Yes or No) \_\_\_\_\_ 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? \_\_\_\_\_

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (lastly medical examined)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) \_\_\_\_\_

21D. TIME OF INJURY (Day) (Year) (Hour) \_\_\_\_\_

21E. INJURY OCCURRED

White At  Not White At Work

21F. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I certify that (1) (this hospital) attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

(that) (2) (a) last saw the deceased alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.

23A. SIGNATURE \_\_\_\_\_ 23B. DATE SIGNED **8-6-50**

M.D. Attending Phys.  Med. Director  Staff Phys.

23C. PHYSICIAN'S NAME (Print) **C. REED GERMARD** 23D. ADDRESS **SHAMOKIN, PA.**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **8/7/50**

24C. NAME OF CEMETERY OR CREMATORY **ST. STANISLAUS CEM. SHAMOKIN, COAL TWP. NTH'D, PA** 24D. LOCATION (City, town, or county) (State)

25A. DATE REC'D BY HEALTH DEPT. **AUG. 5, 1950** 25B. NAME OF REGISTRAR **DANIEL W. CARL** 25C. FUNERAL DIRECTOR ADDRESS **PAUL J. LUCAS, 830 RACE ST. SHAMOKIN, PA.**