

1. PLACE OF DEATH.

## CERTIFICATE OF DEATH.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

County of PHILADELPHIA,

Township of .....

Registration District No. 1.

Borough of .....

Primary Registration District No. ....

City of PHILADELPHIA.

Hospital  
of  
Institution,

THE GERMAN HOSPITAL

File No. ....

Registered No. 21166

2. FULL NAME CHARLES HOUSEHOLDER 1764 Montgomery Ave., Phila.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single <small>(Write the word.)</small>
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6. DATE OF BIRTH	1
(Month) (Day) (Year)	

7. AGE 58	8. LESS than 1 day how many ..... hrs. or ..... min.)
Yrs. Mos. D.	

9. OCCUPATION  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)

Painter

10. BIRTHPLACE  
(State or Country)

U. S.

11. NAME OF FATHER

12. BIRTHPLACE OF FATHER  
(State or Country)

13. MAIDEN NAME OF MOTHER

14. BIRTHPLACE OF MOTHER  
(State or Country)

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

(Informant) *Joe G. Wickard*  
Address: *2725 Ridge Ave*

15. SEP 5 1913  
Filed

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH  
September 3rd, 1913  
(Month) (Day) (Year)

17. I HEREBY CERTIFY, that I attended deceased from August 15th, 1913, to Sept. 3rd, 1913, that I last saw the decedent alive on Sept. 3rd, 1913, and that death occurred, on the date stated above, at 5.25 P. M. The CAUSE OF DEATH\* was as follows:

*Empyema of pel. bladder.*

115 (Duration) yrs. mos. da.  
Contributory (Attendant) ?  
(Duration) yrs. mos. da.

In deaths of children under 2 years of age, state if breast fed or artificially fed.

(Signed) *Edw. M. Shieff* M. D.  
9-3-1913 (Address) German Hospital

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

18. LENGTH OF RESIDENCE (For Hospitals and Institutions.)  
As place In the  
of death ..... yrs. .... mos. .... d. State ..... yrs. .... mos. .... d.  
Where was disease contracted,  
If not at place of death?  
Former residence

19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
*St. Vincent on Sept. 6, 1913*

20. UNDERTAKER ADDRESS  
*Joe G. Wickard 2725 Ridge Ave*

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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.