

525

I. PLACE OF DEATH
 County of Allegheny
 Township of Allegheny
 or Borough of Allegheny
 City of Allegheny

CERTIFICATE OF DEATH

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS

Registration District No. 33
 Primary Registration District No. 33

File No. 103036
22044

(No. 31357 Front)

Registered No. 22044

[If death occurred in a Hospital or Institution, give its NAME, instead of street and number.]

2. FULL NAME Joseph Franzinger

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male
 4. COLOR OF RACE w
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
(Write the word.)

16. DATE OF DEATH 10 4 1923
(Month) (Day) (Year)

6. DATE OF BIRTH 3 20 1846
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from

7. AGE 77
yrs. mos. ds.
 If LESS than 1 day how many hrs. or min.?

Sept. 1923 to Oct 4 1923
 that I last saw him alive on Oct 4 1923
 and that death occurred, on the date stated above, at 8 A.M.
 The CAUSE OF DEATH* was as follows:

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

chronic interstitial nephritis
120/129
 (Duration) 4 yrs. mos. ds.
 Contributory (Secondary) (Duration) yrs. mos. ds.

9. BIRTHPLACE (State or Country) Switzerland

10. NAME OF FATHER Joseph Franzinger

11. BIRTHPLACE OF FATHER (State or Country) Switzerland

12. MAIDEN NAME OF MOTHER Rose Franzinger

13. BIRTHPLACE OF MOTHER (State or Country) Switzerland

(Signed) John E. Smith M. D.
10-5-23 (Address) 31357 Front

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

(Informant) Johanna Franzinger
 (Address) 31357 Front Street

*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 Hospitals, Institutions, Transients or Recent Residents):
 At place of death: yrs. mos. ds. In the State: yrs. mos. ds.
 Where was disease contracted?
 If not at place of death?
 Former or usual residence

15. Filed 9 170 19 23
J. Kohn
 Local Registrar

19. PLACE OF BURIAL OR REMOVAL West Laurel DATE OF BURIAL 10/8 19 23

20. UNDERTAKER Rebel Dan ADDRESS 2330 Genoa

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Important. See instructions on back of certificate.