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MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
DATE 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.

Form V. S. No. 5

CERTIFICATE OF DEATH

525
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. **44411**
Registered No. **9438**

1. PLACE OF DEATH
County of
Township of
or
Borough of **7201 Oxford Ave** Primary Registration District No. **31**
or
City of District No.

2. FULL NAME **Johanna Wenzinger & Co (Wenzinger)**
(a) Residence, No. **7201 Oxford Ave** St., **35** Ward. [If death occurred in a Hospital or Institution give its NAME instead of street and number.]
Length of residence in city or town where death occurred yrs. mos. ds. (Usual Place of Abode) (If nonresident give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX female	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married			16. DATE OF DEATH 5 (Month) 1 (Day) 19 35 (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Wenzinger					17. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 29 to May 1 19 35 , that I last saw h. & a. alive on April 27 19 35 and that death occurred, on the date stated above, at 8:10 P. m. The CAUSE OF DEATH* was as follows: Chronic Valvular Cardiac Disease	
6. DATE OF BIRTH (month, day and year) 10/26/1845					CONTRIBUTORY Chronic Scurvy (Secondary)	
7. AGE	Years 89	Months 6	Days 5	IF LESS than 1 day hrs. or min.	18. Where was disease contracted if not at place of death? 131-92a	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					Did an operation precede death? no Date of Was there an autopsy? no What test confirmed diagnosis? Autopsy (Signed) Johann Truch M.D. 5-2-35 (Address) 1238 W. Allegheny	
9. BIRTHPLACE (city or town) (State or Country) Germany					* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)	
10. NAME OF FATHER Johan B. Wenzinger					19. PLACE OF BURIAL, CREMATION OR REMOVAL Maurel Hill	
11. BIRTHPLACE OF FATHER (city or town) (State or Country) Germany					DATE OF BURIAL 5/4 19 35	
12. NAME OF MOTHER Johanna Kyros					20. UNDERTAKER Wepel Son	
13. BIRTHPLACE OF MOTHER (city or town) (State or Country) Germany					ADDRESS 4710 25th St	
14. Informant Charles J. Wenzinger (Address) 7201 Oxford Ave						
15. Filled MAY 3 - 1935 (Address) 5 Registrar						

(OVER)