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PA STATE ARCHIVES  
350 North Street, Harrisburg, PA 17120-0090  
PA Historic & Museum Commission

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

N. B.—Every item of information should be carefully supplied. AGE 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.

HVS-20008—650M—5-49



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

57225

File No. ....

Primary  
Dist. No. ....

CERTIFICATE OF DEATH

Registered No. 11791

1. PLACE OF DEATH a. COUNTY <u>Phila</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Phila</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR BOROUGH <u>Phila</u>		c. LENGTH OF STAY (In this place) OR BOROUGH <u>Phila</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7201 Oxford Ave</u>		d. STREET ADDRESS (If rural, give location) <u>7201 Oxford</u>	
3. NAME OF DECEASED (Type or Print) <u>MARTHA E. WENZINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 51</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 27, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Healer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (Also give State or foreign country) <u>Phila, Pa</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Jacob Zoll</u>		14. MOTHER'S MAIDEN NAME <u>Anna Bachmann</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, complete reverse side of certificate)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S OWN SIGNATURE <u>Charles Wenzinger</u>		ADDRESS <u>7201 Oxford Ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Stomach</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Stomach</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN AND TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/> m. E.S.T.	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 31, 1951</u> , to <u>June 6, 1951</u> , that I last saw the deceased alive on <u>6-5-51</u> , and that death occurred at <u>10:50 A.M.</u> E.S.T., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul W. Neetzger</u>		23b. ADDRESS <u>1104 Colburn St</u>	
23c. DATE SIGNED <u>6-7-51</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. Laurel Hill Cem.</u>	24d. LOCATION (Town, township and county) (State) <u>Bala-Cynwyd L. Merion, Montg. Pa.</u>
DATE REC'D BY LOCAL REG. <u>6/8/51</u>		REGISTRAR'S SIGNATURE <u>Joseph G. ...</u>	
25. SIGNATURE OF FUNERAL DIRECTOR <u>Alvin Wetzel</u>		ADDRESS <u>4708-12 71 5<sup>th</sup> St Phila - Pa.</u>	