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PA STATE ARCHIVES
360 North Street, Harrisburg, PA 17120-0080
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-20008-150M-461 5101-461 10 COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

22121
File No. 98279
Registered No. 21605

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY PHILA		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE PA b. COUNTY PHILA	
b. CITY (If outside corporate limits, write RURAL OR BOROUGH PHILA and give township)		c. CITY (If outside corporate limits, write RURAL OR BOROUGH PHILA and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 124 W. DURHAM ST		d. STREET ADDRESS (If rural, give location) 124 W. DURHAM ST	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) — c. (Last) KAELIN		4. DATE OF DEATH (Month) (Day) (Year) Nov 22, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 23, 1880
9. AGE (In years last birthday) 72 yr		If under 1 year Months Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder		10b. KIN OF BUSINESS OR INDUSTRY MOULDER	11. BIRTHPLACE (Also give State or foreign country) SWITZERLAND
12. CITIZEN OF WHAT COUNTRY? SWITZ		13. FATHER'S NAME MIENRODE KAELIN	
14. MOTHER'S MAIDEN NAME KATHERINE KAELIN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, complete reverse side of certificate)	
16. SOCIAL SECURITY NO. 162-10-6780		17. INFORMANT'S OWN SIGNATURE R. McKim 7420 Sommer	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTING HEART FAILURE ANTECEDENT CAUSES DUE TO (b) OLD AGE Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) CARDIAC DECOMPENSATION 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4 days	
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 11-19-1952 to 11-22-1952 that I last saw the deceased alive on 11-22-1952 and that death occurred at 3:50 P.M., E.S.T., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] M.D. or other		23b. ADDRESS 4 E. Mt. Pleasant	23c. DATE SIGNED 11-22-52
24a. BURIAL CREMA TION REMOVAL (Specify) Burial	24b. DATE Nov 25, 1952	24c. NAME OF CEMETERY OR CREMATORY White Marsh	24d. LOCATION (Town, township and county) (State) Prospectville, Montg Co Pa
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 24 1952 [Signature]		25. SIGNATURE OF FUNERAL DIRECTOR [Signature] ADDRESS 6301 Elm Ave Hick + Nice, PHILA 46	