

MARGIN RESERVED FOR BINDING. PRINTING WITH THIS PERMANENT RECORD. WRITE PLAINLY WITH INK. MARK 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.

HVS-50-SAM-5-39

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

62810

1. PLACE OF DEATH
County Allegheny
Township _____
Borough _____
City Pittsburgh

CERTIFICATE OF DEATH
No. St. Francis Hospital Bldg 9 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 55 yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.
(IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (Type or print) John S. Zeidler
Residence: No. 413 North Mathilda St. Ward Pg. A.
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
6. If married, widower or divorced HUSBAND of Dora Zeidler (or) WIFE of _____

7. DATE OF BIRTH (month, day, and year) Nov. 2nd 1853
7. AGE Years 86 Months 8 Days 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as Spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or Country) Germany

13. NAME unborn son

14. BIRTHPLACE (city or town) (State or Country) Germany

15. MAIDEN NAME unborn son

16. BIRTHPLACE (city or town) (State or Country) unborn son

17. SIGNATURE OF INFORMANT Margaret P. Zeidler
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL: Date July 11, 1940
Place Allegheny County Allegheny State P. A.

19. UNDERTAKER (Name and address) H. H. Hunter, Inc., 1111 Friendship Ave., Pittsburgh, Pa. 15203

20. FILED 7-10-40 Margaret P. Zeidler

12.31/1940 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 7th 1940
22. I HEREBY CERTIFY That an autopsy was held upon the body of the above named deceased on the 7th day of July, 1940; that the jury rendered a verdict giving the cause of death as follows:

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Generalized arteriosclerosis
hypertension
hypertrophic cardiomyopathy
myocardial infarction
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury July 7, 1940
Where did injury occur? at home
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place: _____

Manner of injury Fall on floor
Nature of injury Fracture of left femur

24. Was disease or injury in any way related to occurrence of deceased?
If so, specify _____
(Signed) L. S. Hannon, M.D. Coroner
W. H. Hunter, M.D. Physician