

PRIMARY DISTRICT NO. 80 X **801** MEDICAL EXAMINER'S CERTIFICATE OF DEATH

A 80  
B 66  
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1. APPARENT PLACE OF DEATH <b>PRESBYTERIAN HOSPITAL</b> PHILADELPHIA		3. USUAL RESIDENCE a. State <b>PENNA</b> b. County <b>PHILADELPHIA</b>	
2. a. PHYSICIAN PRONOUNCING DEATH <b>DR. ARMSTRONG</b>		2. b. DATE AND TIME OF PRONOUNCEMENT <b>6/7/62</b>	
2. c. PLACE OF PRONOUNCEMENT <b>PRESBYTERAIN HOSP</b> PHILADELPHIA		d. Street Address <b>3401 POWELTON AVE.</b>	
4. NAME OF DECEASED a. (First) <b>YETTA</b> b. (Middle) <b>STROLSON</b> c. (Last) <b>STRELSIN</b> d. (Also known as)			5. APPARENT DATE AND TIME OF DEATH <b>6/7/62</b> <b>6:42 PM</b> M.E.S.T.
6. SEX <b>FEMALE</b>	7. RACE <b>WHITE</b>	8. DATE OF BIRTH <b>OCT. 1896</b>	9. AGE <b>65</b>
11. CITIZENSHIP <b>UNKNOWN</b>		12. USUAL OCCUPATION <b>HOUSEWIFE</b>	10. MARITAL STATUS <b>WIDOW</b>
16. FULL NAME OF SPOUSE <b>HARRY STRELSIN</b>		17. MOTHER'S MAIDEN NAME <b>CHANNA ?</b>	
18. FATHER'S NAME <b>ABRAHAM WEISLER</b>		19. INFORMANT'S NAME AND RELATIONSHIP <b>ROGER STRELSIN</b> <b>8812 BLUE GRASS RD</b> <b>SON</b>	
20. MEDICAL CERTIFICATION: I hereby certify that on the basis of the investigation and examination of the body, in my opinion, death occurred on the date and time stated above and the causes of death were: I. a. <b>FRACTURE, RIGHT FEMUR</b> b. _____ c. _____ II. Contributory Causes <b>RIGHT LOWER LOBE BRONCHOPNEUMONIA</b>			
22. a. CIRCUMSTANCES OF SIGNIFICANT INJURY. IF NONE, STATE "NONE" <b>FELL OUT OF BED</b>			21. AUTOPSY? <b>YES</b>
22. c. WHILE AT WORK <b>NO</b>		22. d. PLACE OF INJURY <b>RESIDENT INSTITUTION</b>	22. b. DATE AND TIME OF INJURY <b>5/29/62 9:45AM</b> M.E.S.T.
22. e. CITY, COUNTY, STATE <b>PHILADELPHIA PHILA PA.</b>		25. DATE SIGNED <b>6/8/62</b>	
23. MANNER OF DEATH <b>ACCIDENTAL</b>		24. SIGNATURE <i>[Signature]</i>	
THE INFORMATION ABOVE SHALL NOT BE ALTERED EXCEPT BY THE VITAL STATISTICS SECTION OR THE MEDICAL EXAMINER			
26. a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		26. b. DATE <b>6/10/62</b>	26. c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cem Co. Collingdale Phila Pa</b>
27. DATE REC'D BY REGISTRAR <b>6-9-62</b>		28. REGISTRAR'S SIGNATURE <i>[Signature]</i>	29. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS <b>908 Pine</b>

TYPED BY **th**