

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

A 80
B 66
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D _____
E _____
F _____
G _____
H 9027
I 1
J _____
K _____
L _____
M _____
N _____
O _____
P _____

1. APPARENT PLACE OF DEATH PRESBYTERIAN HOSPITAL PHILADELPHIA		3. USUAL RESIDENCE a. State PENNA b. County PHILADELPHIA	
2. a. PHYSICIAN PRONOUNCING DEATH DR. ARMSTRONG		2. b. DATE AND TIME OF PRONOUNCEMENT 6/7/62	
2. c. PLACE OF PRONOUNCEMENT PRESBYTERAIN HOSP PHILADELPHIA		d. Street Address 3401 POWELTON AVE.	
4. NAME OF DECEASED a. (First) YETTA b. (Middle) STROLSON c. (Last) STRELSIN d. (Also known as)			5. APPARENT DATE AND TIME OF DEATH 6/7/62 6:42 PM M.E.S.T.
6. SEX FEMALE	7. RACE WHITE	8. DATE OF BIRTH OCT. 1896	9. AGE 65
11. CITIZENSHIP UNKNOWN		12. USUAL OCCUPATION HOUSEWIFE	10. MARITAL STATUS WIDOW
16. FULL NAME OF SPOUSE HARRY STRELSIN		17. MOTHER'S MAIDEN NAME CHANNA ?	
18. FATHER'S NAME ABRAHAM WEISLER		19. INFORMANT'S NAME AND RELATIONSHIP ROGER STRELSIN 8812 BLUE GRASS RD SON	
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. FRACTURE, RIGHT FEMUR b. _____ c. _____ II. Contributory Causes RIGHT LOWER LOBE BRONCHOPNEUMONIA			
22. a. CIRCUMSTANCES OF SIGNIFICANT INJURY. IF NONE, STATE "NONE" FELL OUT OF BED			21. AUTOPSY? YES
22. c. WHILE AT WORK NO		22. d. PLACE OF INJURY RESIDENT INSTITUTION	22. b. DATE AND TIME OF INJURY 5/29/62 9:45AM M.E.S.T.
22. e. CITY, COUNTY, STATE PHILADELPHIA PHILA PA.		25. DATE SIGNED 6/8/62	
23. MANNER OF DEATH ACCIDENTAL		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 6/10/62	26. c. NAME OF CEMETERY OR CREMATORY St. Peter's Cem Co. Collingdale Phila Pa
27. DATE REC'D BY REGISTRAR 6-9-62		28. REGISTRAR'S SIGNATURE <i>[Signature]</i>	29. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS 908 Pine

TYPED BY **th**