

1

PLACE OF DEATH

COUNTY OF PHILADELPHIA

CERTIFICATE OF DEATH

TOWNSHIP OF.....

REGISTRATION DISTRICT No. 1.

OR

BOROUGH OF.....

PRIMARY REGISTRATION DISTRICT No. 28

OR

CITY OF PHILADELPHIA.

(No. 30^{1/2} + Montgomery Hospo)FILE NO. 65-2
12620 61290

REGISTERED NO.

2. FULL NAME

Morris Brownstein

WARD)

[If death occurred in a Hospital or Institution give its NAME, instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
5 COLOR OR RACE White
4. SINGLE, MARRIED, WIDOWED OR DIVORCED Single6. DATE OF BIRTH 1
(Month) (Day) (Year)

7. AGE 13 yrs. mos. ds. If LESS than 1 day how many hrs. or min. ?

8. OCCUPATION
(a) Trade, profession or particular kind of work School
(b) General nature of industry business, or establishment in which employed (or employer)

9. BIRTHPLACE (State or Country) Phila

10. NAME OF FATHER Benjamin

11. BIRTHPLACE OF FATHER (State or Country) Russia

12. MAIDEN NAME OF MOTHER Katie

13. BIRTHPLACE OF MOTHER (State or Country) Russia

14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(INFORMANT)

(ADDRESS)

15.

FILED

JUN 11 1971

19

LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH June 6th 1921
(Month) (Day) (Year)

17. I HEREBY CERTIFY, THAT AN INQUEST WAS HELD UPON THE BODY OF THE ABOVE NAME DECEASED ON THE..... DAY OF..... 19.....; THAT THE JURY RENDERED A VERDICT GIVING THE CAUSE OF DEATH AS FOLLOWS:

Electrocuted

After Inquest

RAILROAD CASE

(SIGNED) Wm R Knight Jr CORNER

19..... (ADDRESS) 213

* State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS.)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence 2521 634th St Ward

19. PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

Holy Family Cemetery 6/13/21
Joseph Lerone 573 6th St