

Primary Dist. No. **460-427**

CERTIFICATE OF DEATH

Registered No. **132**

1. PLACE OF DEATH a. County MONTGOMERY		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission) a. State PA. b. County MONTG.	
b. City, Borough or Township ABINGTON TWP		c. City, Borough or Township ABINGTON TWP, JENKIN TOWN, P.O.	
c. Length of stay in 1b. 8 YRS.		d. Street Address or Location 755 BAEDER ROAD 460	
d. FULL NAME (If NOT in hospital, give street address) of HOSPITAL or INSTITUTION 755 BAEDER ROAD		e. Is Residence Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. Is Place of Death Inside Municipality Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		f. Is Residence on a Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) a. (First) JULIUS FREDERICK b. (Middle) ARNOLD c. (Last) ARNOLD			4. DATE OF DEATH (Month) (Day) (Year) FEB. 17, 1958		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 27, 1895	9. AGE (in years last birthday) 62	10. FULL NAME OF SPOUSE OLGA GROEGER
11. BIRTHPLACE (Also give state or foreign country) SAARBRUECKEN, GERMANY			12. CITIZEN OF WHAT COUNTRY USA		
13. FATHER'S NAME JULIUS ARNOLD			14. MOTHER'S MAIDEN NAME MARIE MILDAU		
15. USUAL OCCUPATION (even if retired) DRAFTSMAN		16. Social Security No. 160-10-2216		17. INFORMANT ADDRESS 755 Baeder Road, Abington, Pa.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) & (c)]

PART I. Death was caused by:

IMMEDIATE CAUSE (a) **CORONARY ARTERY OCCLUSION** INTERVAL BETWEEN ONSET AND DEATH **5 MIN.**

Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) **CORONARY ARTERY SCLEROSIS** **4 YRS.**

DUE TO (c) **CONGENITAL CORONARY ARTERY DISEASE** **4201**

PART II. OTHER SIGNIFICANT CONDITIONS (contributing to death but not related to the terminal disease given in Part I (a))

SIGNED BY PERMISSION

19. WAS AUTOPSY PERFORMED? Yes No

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED.	20c. Time of Injury Hour, m., Day, Year
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE

21. I hereby certify that I attended the deceased from **JAN. 2, 1957** to **FEB. 17, 1958** that I last saw the deceased alive on **FEB. 10, 1958** and that death occurred at **8:15 A.M. E.S.T.**, from the causes and on the date stated above.

22a. SIGNATURE E. J. Cumbie Jr.	M.D. or D.O.	22b. ADDRESS Abington Pa.	22c. DATE SIGNED 2/17/58
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23a. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>	23b. DATE 2/21/58	23c. NAME OF CEMETERY OR CREMATORY Chillicothe Hills Cemetery, Phila Pa.	23d. LOCATION (City, Boro., Twp. & County) (State) Phila Pa.
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24. DATE REC'D BY REG. FEB 20 1958	25. REGISTRAR'S SIGNATURE Richard Telgenmayer	26. SIGNATURE OF FUNERAL DIRECTOR A. G. G. Schneidewitz	ADDRESS 619 W. Olney Ave, Phila 20, Pa
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PHILADELPHIA
P.M. J. J. J.

Branch of service, ARMY NAVY MARINE CORPS NURSE CORPS

Name of War Serial Number on Discharge

Organization and rank at discharge

Date Enlisted Date Discharged

Serial Number on adjusted compensation certificate

Character of Discharge Wounded in action? YES..... NO.....

Number of months overseas

Name of person furnishing above information

Address

Issued copies 2-26-57

392429

392430

Serial Number	Date	Count
104813	5-8-57	1
119213	6-25-57	2
29420	8-27-62	1