

Loboria's undertaker record.

B. F. KIRK      W. J. NICE

# KIRK & NICE

UNDERTAKERS  
Main Street and Washington Lane  
Germanstown, Phila.

Facts Required by the Board of Health

Name of Deceased Loboria Clara Chiorrelli

Husband's Name, Salvatore Chiorrelli

Father's Name, (If Minor) Josephine Chiorrelli

Mother's Name, (If Minor) Josephine Chiorrelli

Age, 15 Years, 05 Mos. 15 Weeks, 15 Days.

Sex, Female

Place of Birth, Germanstown

Place of Birth, Father, Italy Mother, Italy

Married or Single, Single

Date of Death, Nov 6th 1908

Cause of Death, Pneumonia

Occupation, 22 na

Ward, 5806 Knox St

Buried From, "

Date of Burial, Nov 9th 1908

Day and Hour, Thursday 9+10

Place of Burial, Holy Sepulcher

Minister,

Residence, Dr. Smith

Physician, Dr. Smith

Residence, Dr. Smith

Size,  Ft.,  In., No. 436

Helen's death certificate.

Form V. S. No. 2-30M-2-14-08.

PLACE OF DEATH.

County of \_\_\_\_\_

Township of \_\_\_\_\_ or \_\_\_\_\_

Borough of \_\_\_\_\_ or \_\_\_\_\_

City of Phila (No. 5806 Knox St. 22 Ward) (If death occurred in a Hospital or Institution, give the NAME, instead of street and number.)

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

File No. 72097

Registered No. 7722

FULL NAME Helen Chiorrelli

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR W

DATE OF BIRTH 3 (Month) 6 (Day) 1907 (Year)

AGE 1 years, 4 months, 12 days.

SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

BIRTHPLACE (State or County) Phila

OCCUPATION

NAME OF FATHER Salvatore Chiorrelli

BIRTHPLACE OF FATHER (State or County) Italy

MAIDEN NAME OF MOTHER Josephine Chiorrelli

BIRTHPLACE OF MOTHER (State or County) Italy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 (Month) 15 (Day) 1908 (Year)

I HEREBY CERTIFY, That I attended deceased from 7/10 1908 to 7/17 1908

that I last saw her alive on 7/17 1908

and that death occurred, on the date stated above, at 2:45

M. The CAUSE OF DEATH was as follows:

Acute Entero

Colitis

Contributory Pneumonia

Slight (Duration) 25 Days

(Signed) C. M. Sealbrook M. D.

190 7235 (Address) College Ave

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence \_\_\_\_\_ How long at \_\_\_\_\_ Place of Death \_\_\_\_\_ Days

Where was disease contracted? \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Holy Sepulcher DATE OF BURIAL 7-20-1908

UNDERTAKER W. J. Nice ADDRESS 6301 Market

Registrar W. J. Nice

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Cause of Death as accurately as possible, and give necessary details. The "Special Information" for persons dying away from home should be given in every instance.