H105.905 REV.(01/04)

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Records in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Calvin B. Johnson, M.D., M.P.H.
Secretary of Health

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

Charles Hardester
State Registrar

3610589
No.

OCT 27 2005
Date

County of Berks — Registration District No. 155 — File No. 102127

Township of — Primary Registration District No. 49 — Registered No. 1575

or Borough of

City of Reading (No.) 745 Southfifth St. (St.) 4 (Ward)

8. FULL NAME Sidney Abraham Kaplan

PERSONAL AND STATISTICAL PARTICULARS

9. SEX: Female — 4. COLOR OR RACE: White — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lancaster Rebecca

6. DATE OF BIRTH (month, day, and year): February 19, 1848

7. AGE: Years 77 — Months 8 — Days 10 — If less than 1 day, hrs. or min.

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

9. BIRTHPLACE (city or town) (State or country): Harrisburg Pennsylvania

PARENTS

10. NAME OF FATHER: Louis Abraham

11. BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12. MAIDEN NAME OF MOTHER: Mary Kaplan

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14. Informant: (Address) 730 Franklin St Reading Pa

15. Filed 12-31-25 — REGISTRAR

11—3184

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: Oct (Month) 29 (Day) 1925 (Year)

17. I HEREBY CERTIFY, That I attended deceased from Aug 4 1926, to Oct 29 1926, that I last saw he/she alive on Oct 28 1926, and that death occurred, on the date stated above, at 8.15 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Emolo. Myocarditis

11 Mo - 90

(duration) 1 yrs. 8 mos. ... ds.

CONTRIBUTORY (secondary): Cystitis Uremia (duration) 1 yrs. ... mos. ... ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas J. Haussmann M.D.

Oct 29 1925 (Address) 417 Penn

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Lebanon Cemetery Harrisburg Pa — DATE OF BURIAL: Oct 31 1925

20. UNDERTAKER: Adam R. Dunkelberger — ADDRESS: 11 So. 10