

IS.143 Rev. 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME OF DECEDENT (First, Middle, Last) Gunther M. Abraham		2. SEX M	3. SOCIAL SECURITY NUMBER [REDACTED]	DATE OF DEATH (Month, Day, Year) September 17, 2003
4. AGE (Last Birthday) 80 Yrs.	5. UNDER 1 YEAR Months: _____ Days: _____	6. UNDER 1 DAY Hours: _____ Minutes: _____	7. DATE OF BIRTH (Month, Day, Year) 7/13/1923	8. BIRTHPLACE (City and State or Foreign Country) Allenstein Germany
9. COUNTY OF DEATH Montgomery		10. CITY, BORO, TWP OF DEATH Lower Merion		11. FACILITY NAME (If not institution, give street and number) Lankenau Hospital
12. DECEDENT'S USUAL OCCUPATION Psychoanalyst		13. KIND OF BUSINESS / INDUSTRY Private Practice		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
15. DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) 461 Levering Mill Road Bala Cynwyd, Pa 19004		16. DECEDENT'S ACTUAL RESIDENCE (See instructions on other side) Montgomery		17. STATE Pa
18. FATHER'S NAME (First, Middle, Last) Hermann Abraham		19. MOTHER'S NAME (First, Middle, Maiden Surname) Rosa Putzrath		20. SURVIVING SPOUSE (If wife, give maiden name) Pamela Pressley
21. METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		22. DATE OF DISPOSITION (Month, Day, Year) 9/19/2003		23. PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place Cremation Society of PA Crematory
24. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature]		25. LICENSE NUMBER FD013859L		26. NAME AND ADDRESS OF FACILITY 4100 Jonestown Rd, Harrisburg, Pa 17109
27. PART I: Enter the disease, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. a. B-cell lymphoma - metastatic		28. PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. 10 days post Small Bowel and colon resection		29. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 mos
30. IMMEDIATE CAUSE (Final disease or condition resulting in death) →		31. UNDERLYING CAUSE (Disease or injury that initiated events resulting on death) LAST		32. DATE OF DEATH (Month, Day, Year) September 17, 2003
33. WAS AN AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		35. MANNER OF DEATH Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/>
36. CERTIFIER (Check only one) *CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. _____ <input checked="" type="checkbox"/>		37. SIGNATURE AND TITLE OF CERTIFIER [Signature], MD		38. LICENSE NUMBER MD0383532
39. *PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. _____ <input type="checkbox"/>		39. DATE SIGNED (Month, Day, Year) September 17, 2003		40. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print ALAN ARON CARLIS, MD
41. *MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. _____ <input type="checkbox"/>		41. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) LANKENAU HOSP, WYNNEWOOD, PA 19086		42. LOCATION (Street, City/Town, State) PA 19086
43. REGISTRAR'S SIGNATURE AND NUMBER [Signature]		43. DATE FILED (Month, Day, Year) SEP 18 2003		44. DATE SIGNED (Month, Day, Year) SEP 18 2003