

TENAGLIA - 1939 Death Record for Joseph Tenaglia

Notebook: Client
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URL: https://search.ancestry.com/cgi-bin/sse.dll?db=PADeathCollection&h=3963592&indiv=try&o_vc=Record:OtherReco...

Name:	Joseph Tenaglia
Gender:	Male
Race:	White
Age:	62
Birth Date:	abt 1877
Birth Place:	Italy
Death Date:	29 Jan 1939
Death Place:	Philadelphia, Philadelphia, Pennsylvania, USA
Father:	<u>Agostino Tenaglia</u>
Mother:	<u>Antonetta</u>
Spouse:	<u>Catharine Tenaglia</u>
Certificate Number:	2820

1. PLACE OF DEATH
County Phila
Township _____
Borough _____
City Phila

Primary
Dist. No. 1

CERTIFICATE OF DEATH

No. Broad St. Hospital St. _____ Ward _____
(If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.
(IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)2. FULL NAME (type or print) Joseph Tenaglia
Residence: No. 1741 S. 17th St. _____ Ward _____
(Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Catharine

6. DATE OF BIRTH (month, day, and year)

7. AGE 62 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ mins.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation 30 yrs12. BIRTHPLACE (city or town) (State or Country) Italy13. NAME Agostino14. BIRTHPLACE (city or town) (State or Country) Italy15. MAIDEN NAME Antonetta16. BIRTHPLACE (city or town) (State or Country) Italy17. SIGNATURE OF INFORMANT (address) C. Tenaglia 1741 S. 17th St.18. BURIAL, CREMATION, OR REMOVAL Date 2/2 1939
Place Holy Cross County Phila State Pa19. UNDERTAKER (name and address) Anthony P. Donato 1522 S. Broad St.

20. FILED _____ 193 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1-29 1939
(month, day, and year)22. I HEREBY CERTIFY, That I attended deceased from 1-27 1939, to 1-29 1939.I last saw him alive on 1-29 1939; death is saidto have occurred on the date stated above, at 8:19 A. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart DiseaseCongestive Heart Failure

Other contributory causes of importance:

Right Hemiplegia95% FedName of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 193 _____

Where did injury occur: _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Donald J. Frankel M. D.(Signed) Broad St. Hospital

(Address) _____

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated in full years, months, and days. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.

Source Citation

Pennsylvania Historic and Museum Commission; Pennsylvania, USA; Certificate Number Range: 002001-005000

Source Information

Ancestry.com. Pennsylvania, Death Certificates, 1906-1966 [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2014.

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