

Town of Onondaga, County of Onondaga, State of New York

Registered No. 174

(No. Onondaga County Hospital
(If a hospital or institution, give its NAME instead of street and number)

St.; - Ward)

Length of stay in hospital or institution yrs. 1 mos. 9 ds. Town, village or city yrs. mos. ds.

2 Usual residence of deceased: State New York County Onondaga Town Syracuse City or Village Syracuse

No. 320 Hickson Ave. St. Is residence within limits of city or incorporated village? yes

2a Citizen of foreign country (alien)? no If yes, name country

UNCERTIFIED COPY FOR GENEALOGY PURPOSES ONLY

3 Full Name CHARLES COGATI

4 (a) Social Security No. none 4 (b) If Veteran, Name War no

5 Sex Male 6 COLOR OR RACE White 7 Single, Married, Widowed, or Divorced (Write the word) Widower

8 IF MARRIED, WIDOWED OR DIVORCED, Name of Husband or Wife Unknown Age if alive Unknown

9 DATE OF BIRTH (month, day, year) December 24, 1862

10 AGE Years 80 Months 6 Days 17 IF LESS than 1 day hrs. or min.

11 Usual occupation none

12 Industry or business none

13 BIRTHPLACE (City or Town) (State or Country) New York State

14 NAME Unknown

15 BIRTHPLACE (City or Town) (State or Country) Unknown

16 MAIDEN NAME Unknown

17 BIRTHPLACE (City or Town) (State or Country) Unknown

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant's own signature Earl P. Hall, N.Y. Address Onondaga, N.Y.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. Syracuse N.Y. DATE OF BURIAL July 14 1943

20 UNDERTAKER OR PERSON IN CHARGE (Signature) Wm. P. Hart/Par. Francis J. Qui ADDRESS Syracuse, N.Y. UNDERTAKER'S License No. 6167

21 Date received July 12 1943 Signature of Registrar or Subregistrar Katherine Moray

Burial or Transit Permit issued by Katherine Moray

MEDICAL CERTIFICATION

22 DATE OF DEATH July 11, 1943 (Month, Day and Year)

23 I HEREBY CERTIFY That I attended deceased from June 2, 1943 to July 11, 1943 I last saw h. m. alive on July 11, 1943

To the best of my knowledge, death occurred on the date stated above, at 11:25 P. m.

Immediate cause of death Cerebral Hemorrhage

Due to Arterial Sclerosis

Due to

Other conditions

Major findings: none Of operations: none Date

Of autopsy: none

What laboratory test was made? none

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work?

(e) Means of injury

25 Signature A. E. Parkin M.D. Address Snow Co. Hosp. Date July 12, 1943

Date of issue July 12, 1943

Table with columns: DURATION OF CONDITION (Yrs., Mos., Dns.), PHYSICIAN Underline the cause to which death should be charged.