

# LOCAL REGISTRAR'S CERTIFICATION OF DEATH

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

Fee for this certificate, \$6.00

This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 22666084

Certification Number



*Dorothy J. Amida*  
Local Registrar

4/12/16

Date Issued

Type/Print in Permanent Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

## CERTIFICATE OF DEATH

State File Number:

1. Decedent's Legal Name (First, Middle, Last, Suffix) <b>George R. Fidelman</b>				2. Sex <b>M</b>	3. Social Security Number <b>266 86 9427</b>	4. Date of Death (Mo/Day/Yr) (Spell Mo) <b>February 22, 2016</b>
5a. Age-Last Birthday (Yrs) <b>67</b>	5b. Under 1 Year Months: <b>0</b> Days: <b>0</b>	5c. Under 1 Day Hours: <b>0</b> Minutes: <b>0</b>	6. Date of Birth (Mo/Day/Year) (Spell Month) <b>May 17, 1948</b>		7a. Birthplace (City and State or Foreign Country) <b>Pittsburgh, Pennsylvania</b>	
7b. Birthplace (County) <b>Allegheny</b>		8a. Residence (State or Foreign Country) <b>Florida</b>				
8b. Residence (Street and Number - Include Apt No.) <b>1151N FtLauderdaleBeachBlvd Apt2C</b>		8c. Did Decedent Live in a Township? <input type="checkbox"/> Yes, decedent lived in _____ twp.				
8d. Residence (County) <b>Broward</b>		8e. Residence (Zip Code) <b>33304</b>		8f. No, decedent lived within limits of <b>Fort Lauderdale</b> city/boro.		
9. Ever in US Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. Surviving Spouse's Name (If wife, give name prior to first marriage) <b>N/A</b>		
12. Father's Name (First, Middle, Last, Suffix) <b>J. George Fidelman</b>				13. Mother's Name Prior to First Marriage (First, Middle, Last) <b>Virginia Richards</b>		
14a. Informant's Name <b>Margaret E. Fidelman</b>		14b. Relationship to Decedent <b>Daughter</b>		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) <b>109 Timberlake Drive, Venetia, PA 15367</b>		
15a. Place of Death (Check only one) <input checked="" type="checkbox"/> If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify) _____						
15b. Facility Name (If not institution, give street and number) <b>Canonsburg Hospital E.R.</b>		15c. City or Town, State, and Zip Code <b>Canonsburg, PA 15317</b>		15d. County of Death <b>Washington</b>		
16a. Method of Disposition <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		16b. Date of Disposition <b>2/24/2016</b>		16c. Place of Disposition (Name of cemetery, crematory, or other place) <b>Beinhauer Crematory</b>		
16d. Location of Disposition (City or Town, State, and Zip) <b>Pittsburgh, Pennsylvania 15216</b>		17a. Signature of Funeral Service Licensee or Person in Charge of Interment <i>Cecilia Obermeier</i>		17b. License Number <b>FD139138</b>		
17c. Name and Complete Address of Funeral Facility <b>L. Beinhauer &amp; Son Co. 2828 Washington Rd. McMurray, Pennsylvania 15317</b>						
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSc, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)						
19. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mexican American or Chicano <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other (Specify) _____						
20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mexican American or Chicano <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other (Specify) _____						
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Mexican American or Chicano <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other (Specify) _____						
22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. <b>Sales</b>						
22b. Kind of Business/Industry <b>Aluminum</b>						
23a. Date Pronounced Dead (Mo/Day/Yr) <b>4:48 P.M.</b>						
23b. Signature of Person Pronouncing Death (Only when applicable) <i>S. Timothy Warco</i>						
23c. License Number <b>63-549</b>						
24. Time of Death <b>4:48 P.M.</b>						
25. Was Medical Examiner or Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
26. Part I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. <b>DISSECTING ABDOMINAL AORTA</b>						
26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						
27. Was an autopsy performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
28. Were autopsy findings available to complete the cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
29. If Female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year						
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown						
31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined						
32. Date of Injury (Mo/Day/Yr) (Spell Month)						
33. Time of Injury						
34. Place of Injury (e.g. home; construction site; farm; school)						
35. Location of Injury (Street and Number, City, County, State, Zip Code)						
36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____						
38. Describe How Injury Occurred:						
39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one): <input type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> 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 stated.						
Signature of certifier: <i>S. Timothy Warco</i> Title of certifier: <b>Coroner</b> License Number: _____						
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) <b>S. Timothy Warco 100 West Beau Street Suite 203 Washington, PA 15301</b>						
39c. Date Signed (Mo/Day/Yr) <b>April 5, 2016</b>						
40. Registrar's District Number <b>63-549</b>						
41. Registrar's Signature <i>Dorothy J. Amida</i>						
42. Registrar File Date (Mo/Day/Yr) <b>April 12/2016</b>						
43. Amendments						

To Be Completed/Verified By: FUNERAL DIRECTOR

ALIAS USED

To Be Completed By: MEDICAL CERTIFIER

NAME OF DECEDENT: GEORGE FIDELMAN