

LOCAL REGISTRAR'S CERTIFICATION OF DEATH

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

Fee for this certificate, \$6.00

P 25763725

Certification Number



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.

Steven Karr
Local Registrar

AUG 20 2018
Date Issued

Type/Print in
Permanent
Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

State File Number: 346572-2018

1. Decedent's Legal Name (First, Middle, Last, Suffix) Attiq Rahman		2. Sex Male	3. Social Security Number 182-66-3284	4. Date of Death (Month dd, yyyy) July 14, 2018
5a. Age-Last Birthday (Yrs) 49	5b. Under 1 Year Months: 0 Days: 0 Hours: 0 Minutes: 0	6. Date of Birth (Mo/Day/Year) (Spell Month) March 21, 1969		7a. Birthplace (City and State or Foreign Country) Pakistan
8a. Residence (State or Foreign Country) Pennsylvania		8b. Residence (Street and Number - Include Apt No.) 4924 Walnut Street		8c. Did Decedent Live in a Township? ☐ Yes, decedent lived in _____ twp. ☒ No, decedent lived within limits of Philadelphia city/boro.
8d. Residence (County) Philadelphia		8e. Residence (Zip Code) 19139		
9. Ever in US Armed Forces? ☐ Yes ☒ No ☐ Unknown		10. Marital Status at Time of Death ☐ Divorced ☐ Never Married ☒ Married ☐ Widowed ☐ Unknown		11. Surviving Spouse's Name (If wife, give name prior to first marriage) Balgees Rahman
12. Father / Parent's Name (First, Middle, Last, Suffix) Jameel Rahman		13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Fatimah Rasheed		
14a. Informant's Name Zeshawn Rahman		14b. Relationship to Decedent Son	14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) 4924 Walnut Street Philadelphia, PA 19139	
15a. Place of Death (Check only one) ☒ Emergency Room/Outpatient ☐ Dead on Arrival ☐ Nursing Home/Long-Term Care Facility ☐ Hospice Facility ☐ Decedent's Home ☐ Other (Specify) _____				
15b. Facility Name (If not institution, give street and number) Hospital of the Univ. of Pennsylvania		15c. City or Town, State, and Zip Code Philadelphia, Pennsylvania 19104		15d. County of Death Philadelphia
16a. Method of Disposition ☐ Removal from State ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) _____		16b. Date of Disposition July 15, 2018		16c. Place of Disposition (Name of cemetery, crematory, or other place) Forest Hills Cemetery
16d. Location of Disposition (City or Town, State, and Zip) Huntingdon Valley, Pennsylvania 19006		17a. Signature of Funeral Service Licensee or Person in Charge of Interment Khadijah L. Alderman (Electronically Signed)		17b. License Number FD015229
17c. Name and Complete Address of Funeral Facility 1924 W Hunting Park Avenue Philadelphia, Pennsylvania 19140				
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. ☐ 8th grade or less ☐ No diploma, 9th - 12th grade ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree (e.g. AA, AS) ☐ Bachelor's degree (e.g. BA, AB, BS) ☒ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) ☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)				
19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. ☒ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino (Specify) _____				
20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☒ Other (Specify) Pakistani				
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander ☐ Don't Know/Not Sure ☐ Refused ☒ Other (Specify) Pakistani				
22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. Investigator/Chemist				
22b. Kind of Business/Industry Chemical				
ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		23a. Date Pronounced Dead (Mo/Day/Yr) July 14, 2018		
23b. Signature of Person Pronouncing Death (Only when applicable)		23c. License Number MT210877		
23d. Date Signed (Mo/Day/Yr)		24. Time of Death 09:34		
25. Was Medical Examiner or Coroner Contacted? ☐ Yes ☒ 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.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Other Infection; Shock with Renal Failure Due to (or as a consequence of): b. Metastatic Cancer Due to (or as a consequence of): c. Renal Failure Due to (or as a consequence of): d. _____ Due to (or as a consequence of):				
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.				
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? ☐ Yes ☒ No				
28. Were autopsy findings available to complete the cause of death? ☐ Yes ☐ No				
29. If Female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		30. Did Tobacco Use Contribute to Death? ☐ Yes ☒ No ☐ Probably ☐ Unknown		
31. Manner of Death ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ 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, State, Zip Code)		36. Injury at Work ☐ Yes ☒ No		
37. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) _____		38. Describe How Injury Occurred:		
39a. Certifier - physician, certified registered nurse practitioner, physician assistant, medical examiner/coroner (Check only one): ☐ Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☒ 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. ☐ 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: Ling Wu (Signature on File)		Title of certifier: MD		
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) Ling Wu		39c. Date Signed (Mo/Day/Yr) July 14, 2018		
40. Registrar's District Number 23-236		41. Registrar's Signature Steven J Karr (Signature on File)		
42. Registrar File Date (Mo/Day/Yr) August 02, 2018				
43. Amendments Decedent-SSN- amended on Aug-20-2018; formerly 9999999999;				

ALIAS USED

To Be Completed/Verified By: FUNERAL DIRECTOR

To Be Completed By: MEDICAL CERTIFIER

NAME OF DECEDENT: Attiq Rahman

Disposition Permit No. 1608792