This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.

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

6024329
No.

COMMONWEALTH OF PENNSYLVANIA ★ DEPARTMENT OF HEALTH ★

Marina O'Reilly Matthew
Marina O'Reilly Matthew
Acting State Registrar

JUL 21 2011
Date

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H105.144 REV 11/2006
TYPE, PRINT IN PERMANENT BLACK INK

11-00420 Final

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CORONER'S CERTIFICATE OF DEATH

(See instructions and examples on reverse)

STATE FILE NUMBER **009470**

DECEDENT'S PERSONAL DATA

Field	Entry
1. Name of Decedent (First, middle, last, suffix)	ELLEN R. GREENBERG
2. Sex	Female
3. Social Security Number	
4. Date of Death (Month, day, year)	January 26, 2011
5. Age (Last Birthday)	27 Yrs.
Under 1 year (Months / Days)	
Under 1 day (Hours / Minutes)	
6. Date of Birth (Month, day, year)	
7. Birthplace (City and state or foreign country)	New York, NY
8a. Place of Death (Check only one): Hospital: ☐ Inpatient ☐ ER / Outpatient ☐ DOA; Other: ☐ Nursing Home ☒ Residence ☐ Other - Specify	Residence
8b. County of Death	Philadelphia
8c. City, Boro, Twp. of Death	Philadelphia
8d. Facility Name (If not institution, give street and number)	4601 Flat Rock Rd. Unit 603
9. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
10. Race: American Indian, Black, White, etc. (Specify)	White
11. Decedent's Usual Occupation (Kind of work done during most of working life. Do not state retired) — Kind of Work	Teacher
Kind of Business / Industry	Juniata Academy
12. Was Decedent ever in the U.S. Armed Forces?	☐ Yes ☒ No
13. Decedent's Education (Specify only highest grade completed) — Elementary / Secondary (0-12)	12
College (1-4 or 5+)	5+
14. Marital Status: Married, Never Married, Widowed, Divorced (Specify)	Never Married
15. Surviving Spouse (If wife, give maiden name)	
16. Decedent's Mailing Address (Street, city / town, state, zip code)	4601 Flat Rock Rd. Apt. 603 Philadelphia, PA 19127
Decedent's Actual Residence: 17a. State	Pennsylvania
17b. County	Philadelphia
Did Decedent Live in a Township? 17c. ☐ Yes, Decedent Lived in ___ Twp. / 17d. ☒ No, Decedent Lived within Actual Limits of ___ City / Boro	Philadelphia
18. Father's Name (First, middle, last, suffix)	Joshua Martin Greenberg
19. Mother's Name (First, middle, maiden surname)	Sandra Rubin
20a. Informant's Name (Type / Print)	Sandra Greenberg
20b. Informant's Mailing Address (Street, city / town, state, zip code)	4408 Saybrook Lane, Harrisburg, PA 17110

DISPOSITION

Field	Entry
21a. Method of Disposition: ☒ Burial ☐ Removal from State ☐ Other - Specify ☐ Cremation ☐ Donation	Burial
Was Cremation or Donation Authorized by Medical Examiner / Coroner?	☐ Yes ☐ No
21b. Date of Disposition (Month, day, year)	1/28/2011
21c. Place of Disposition (Name of cemetery, crematory or other place)	Chisuk Emuna Cemetery
21d. Location (City / town, state, zip code)	Harrisburg, PA
22a. Signature of Funeral Service Licensee or person acting as such	[signature]
22b. License Number	FD-013592-L
22c. Name and Address of Facility	Hetrick-Bitner Funeral Home 3125 Walnut St. Harrisburg, PA 17109

PRONOUNCING

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.

Field	Entry
23a. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and title)	
23b. License Number	
23c. Date Signed (Month, day, year)	

Items 24-26 must be completed by person who pronounces death.

Field	Entry
24. Time of Death	6:40 PM
25. Date Pronounced Dead (Month, day, year)	January 26, 2011
26. Was Case Referred to Medical Examiner / Coroner for a Reason Other than Cremation or Donation?	☒ Yes ☐ No

CAUSE OF DEATH

CAUSE OF DEATH (See instructions and examples)

Item 27. 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. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Multiple Stab Wounds

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.

b. Due to (or as a consequence of):

c. Due to (or as a consequence of):

d. Due to (or as a consequence of):

Approximate interval: Onset to Death

Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28. Did Tobacco Use Contribute to Death? ☐ Yes ☐ Probably ☐ No ☐ Unknown

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

Field	Entry
30a. Was an Autopsy Performed?	☒ Yes ☐ No
30b. Were Autopsy Findings Available Prior to Completion of Cause of Death?	☒ Yes ☐ No
31. Manner of Death: ☐ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☒ Suicide ☐ Could Not be Determined	Suicide
32a. Date of Injury (Month, day, year)	1-26-11
32b. Describe How Injury Occurred	Decedent stabbed herself
32c. Place of Injury: Home, Farm, Street, Factory, Office Building, etc. (Specify)	Kitchen of residence
32d. Time of Injury	Approx. 1650
32e. Injury at Work?	☐ Yes ☒ No
32f. If Transportation Injury (Specify): ☐ Driver / Operator ☐ Passenger ☐ Pedestrian ☐ Other Specify	
32g. Location of Injury (Street, city / town, state)	4601 Flatrock Rd., Apt 603 Philadelphia PA

33a. 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. ☐
- 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. ☐
- 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. ☒

Field	Entry
33b. Signature and Title of Certifier	[signature]
33c. License Number	
33d. Date Signed (Month, day, year)	Apr 04, 2011
34. Name and Address of Person Who Completed Cause of Death (Item 27) Type / Print	Marlon Osbourne, M.D. Assistant Medical Examiner 321 University Avenue
35. Registrar's Signature and District	3171010
36. Date Filed (Month, day, year)	4-28-2011

Disposition Permit No. 0665298

ALIAS USED

NAME OF DECEDENT

Case ID: 191001241