

**OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS**

81082¹⁷⁶

Reg. Dist. No. 3101
Primary Reg. Dist. No. 3101

CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 7123

1. PLACE OF DEATH a. COUNTY Hamilton		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Ohio b. COUNTY Hamilton	
b. CITY (If outside corporate limits, write RURAL OR and give township) OR VILLAGE Cincinnati		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital DOA		e. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE Cincinnati	
		f. STREET (If rural, give location) ADDRESS Brown Hotel	
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) Herman b. (Middle) _____ c. (Last) Armbruster		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 20, 1882
9. AGE (In years last birthday) 71		Under 1 Year Months _____ Days _____	If Under 24 Mos. Month _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio
12. FATHER'S NAME Herman Armbruster		13. MOTHER'S MAIDEN NAME Mary Ann ?	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? No		15. SOCIAL SECURITY NO. _____	
16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION Coronary occlusion 4201	
17a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH _____	
17b. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19a. ACCIDENT SUICIDE HOMICIDE (Specify)		19b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, forest, etc.)	
20a. TIME OF INJURY (Month) (Day) (Year) (Hour)		20b. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
21a. CITY, VILLAGE, OR TOWNSHIP		21b. COUNTY (STATE)	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE <i>Herbert P. Lyle</i> M. D. Coroner		23b. ADDRESS Cincinnati, Ohio	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 16, 1953	
24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		24d. LOCATION (City, town, or county) (State) St. Bernard, Ohio	
Sub-Registrar's Signature R. E. Wahn		NAME OF EMBALMER (LIC. NO.) Kernit Frey 4785A	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 10 1953 R. E. Wahn		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <i>Anthony Riedinger</i> Anthony Riedinger 1372	

MARGIN RESERVED FOR BINDING THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.