

DIVISION OF VITAL STATISTICS

Reg. Dist. No. 3101State File No. 6684Primary Reg. Dist. No. 3101

CERTIFICATE OF DEATH

Registrar's No. 6684

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) VILLAGE Cincinnati		c. LENGTH OF STAY (In this place) life	
d. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE Cincinnati <u>101</u>	
		d. STREET (If rural, give location) ADDRESS 3032 Montana Ave	
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) CHRISTIAN b. (Middle) ERNST c. (Last) HEISMANN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 16, 1880
		9. AGE (In years last birthday) 71	
		Under 1 Year Months 7 Days 3	If Under 24 hrs. Hours 1 Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Owner of Store		10b. KIND OF BUSINESS OR INDUSTRY General Store	11. BIRTHPLACE (State or foreign country) Cincinnati Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME August Heismann	
14. MOTHER'S MAIDEN NAME Mary Roetger		15. WAS DECEASED EVER IN U. S. ARMED FORCES? no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE <i>Ida L. Heismann</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 332X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. HOW DID INJURY OCCUR?	
21f. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>48</u> , to <u>19 Nov.</u> , 19 <u>51</u> , and that death occurred at <u>2:30</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Franklin C. Schuster M.D.</i>		23b. ADDRESS <i>3475 N. Bend Rd. Cinti. 24, O.</i>	
23c. DATE SIGNED <i>11-21-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 21, 1951	
24c. NAME OF CEMETERY OR CREMATORY Cem. of Spring Grove		24d. LOCATION (City, town, or county) (State) Cincinnati Hamilton Ohio	
BIRTH NO.		NAME OF EMBALMER (LIC. NO.) Wain A. Bolton 3882 R.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 23 1951 R.S. Wehr md		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <i>Wain A. Bolton</i> 2210	