

## OHIO DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

Reg. Dist. No. \_\_\_\_\_

Primary Reg. Dist. No. \_\_\_\_\_

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

32370

2830

3101

|   |                           |   |  |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Hamilton</b>  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Ohio</b><br>b. COUNTY <b>Hamilton</b>   |  |
| b. CITY (If outside corporate limits, write RURAL or give township)<br>VILLAGE <b>Cincinnati 14, O.</b>   |                           | c. LENGTH OF STAY (in this place)<br><b>1709 days</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>   |                           | d. STREET (If rural, give location) ADDRESS <b>Fenwick Club, 423 Commercial St</b>  |  |
| 3. NAME OF DECEASED (TYPE OR PRINT)<br>a. (First) <b>Edward</b><br>b. (Middle) <b>A.</b><br>c. (Last) <b>Hug</b>  |                           | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>5-11-53</b>   |  |
| 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>   | 8. DATE OF BIRTH<br><b>7-14-80</b>                       |
| 9. AGE (In years last birthday)<br><b>72</b>  |                           | Under 1 Year<br>Months <b>9</b>   | If Under 24 Hrs.<br>Days <b>27</b><br>Hours<br>Min.      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)<br><b>Custodian</b>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Fenwick Club.</b>   | 11. BIRTHPLACE (State or foreign country)<br><b>Ohio</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |                           | 13. FATHER'S NAME<br><b>Edward Hug</b>  |  |
| 14. MOTHER'S MAIDEN NAME<br><b>Anna Hall</b>  |                           | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?  |  |
| 16. SOCIAL SECURITY NO.   |                           | 17. INFORMANT'S SIGNATURE <i>A. E. Wilmes</i><br><b>St. Francis Hospital, A.E. Wilmes, Record Libr</b>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><i>Arteriosclerotic heart disease with failure generalized arteriosclerosis</i><br><b>4200</b>   |  |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 20. AUTOPSY?<br>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) (Minute)  |                           | 21e. INJURY OCCURRED While at <input type="checkbox"/> Not While at <input type="checkbox"/> Work of Work   |  |
| 21f. HOW DID INJURY OCCUR?  |                           | 22. I hereby certify that I attended the deceased from <b>April 1, 1953</b> , to <b>May 11, 1953</b> , and that death occurred at <b>9:50 P. m.</b> , from the causes and on the date stated above. |  |
| 23a. SIGNATURE <i>R. E. Wilmes</i> (Degree or title) <b>MD</b>  |                           | 23b. ADDRESS <b>4948 Glenway</b>  |  |
| 23c. DATE SIGNED <b>5/13/53</b>   |                           | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>   |  |
| 24b. DATE <b>5/15/53</b>  |                           | 24c. NAME OF CEMETERY OR CREMATORY <b>St Jos. New.</b>  |  |
| 24d. LOCATION (City, town, or county) (State) <b>Cincinnati, Ohio.</b>  |                           | BIRTH NO. Do not write in this space  |  |
| NAME OF EMBALMER <b>Cletus Homan</b> (LIC. NO.) <b>3180A</b>  |                           | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAY 18 1953</b> <i>R. E. Wilmes md</i>   |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>B. J. Sullivan</i> (LIC. NO.) <b>2050</b>   |                           |   |  |