

OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce—Bureau of the Census

State File No.

60179

Registrar's No.

5124

Reg. Dist. No. 175

Primary Reg. Dist. No. 2073

1. PLACE OF DEATH:

(a) County Clark(b) Springfield
(City, village, township)(c) Name of hospital or institution:
1029 S. Fountain Ave.

(If not in hospital or institution, write street No. or location)

(d) Length of stay: In hospital or institution
In this community 8 (Days)
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Clark(c) City or village Springfield
(If outside city or village, write RURAL)(d) Street No. 1029 S. Fountain Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

FULL

3. NAME Joseph Rickart

(a) If veteran, name war. _____ (b) Social Security No. _____

4. Sex M. race W. 5. Color or _____
6. (a) Single, widowed, married, divorced6. (b) Name of husband or wife atherine 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased Dec 12 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 10 3 hr. min.9. Birthplace London Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business _____

12. Name Ferdinand Rickart13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Louisa Flaeger15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's signature Mrs. Louis Myers
(b) Address 1029 S. Fountain Ave.17. (a) Burial, cremation, or other: (b) Date Oct. 13 1943
(Month) (Day) (Year)(c) Place St. Bernards Cemetery(d) Richard M. Ford 35734
(Name of Embalmer) (Lic. No.)18. (a) John R. Kemper 3038
(Signature of Funeral Director) (Lic. No.)(b) Address 1002 E. High St.19. (a) 10-26-43 (b) R.R. Rickart
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Oct day 15
year 1943 hour 7 am minute _____21. I hereby certify that I attended the deceased from
Oct 6, 1943 to Oct 12, 1943
that I last saw ~~him~~ alive on Oct 12, 1943
and that death occurred on the date and hour stated above. Duration _____Immediate cause of death
Coronary thrombosis
Senescent sclerosis
ear of Eugene P. Bigler 4 mo.
Due to _____ yes?
Due to 942Other conditions _____
(Include pregnancy within 3 months of death)Major findings of operation Major findings of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or village) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) How did injury occur? _____

23. Signature F. O. Anzinger
(Specify if Doctor of Medicine or Osteopath)Address Springfield O Date signed Oct 20