

OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

State File No. 9913Registrar's No. 1231Reg. Dist. No. 022Primary Reg. Dist. No. 022

1. PLACE OF DEATH:

(a) County Hamilton(b) Cincinnati
(City, Village, Township)(c) Name of hospital or institution:
Lebanese Hospital

(If not in hospital or institution, write street address of location)

(d) Length of stay: in hospital or institution 24 HOURS
(Days)In this community _____
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Ham.(c) City or village Cincinnati
(If outside city or village, write RURAL)(d) Street No. 421 Lawson Woods Lane, Clifton.
(If rural, give location)

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

FULL

3. NAME Clarence Wright Stephens.(a) If veteran, name war _____ (b) Social Security No. None4. Sex Male 5. Color, etc. White 6. (a) Single, widowed, married, divorced WIDOWED6. (b) Name of husband or wife Emily E. Rodemer Stephens (c) Age of husband or wife if alive _____ years7. Birth date of deceased Aug. 13 1872
(Month) (Day) (Year)8. AGE: Years 68 Months 6 Days 9 If less than one day _____ hr. _____ min9. Birthplace Cincinnati
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business _____

12. Name William Stephens13. Birthplace Cinti, Ohio. (State or foreign country)14. Maiden name Annie Wright15. Birthplace Penna. (City, town, or county) (State or foreign country)16. (a) Informant's signature Emma E. Rodemer(b) Address Apt. C-2-Vernon Manor.17. (a) Burial, cremation, or other: (b) Date 5 4 47.
(Month) (Day) (Year)(c) Place Spring Grove Cem.(d) E. P. Schuler 3078-A
(Name of Emballer) (Lic. No.)(e) Schuler & Busby :135.
(Signature of Funeral Director) (Lic. No.)(b) Address 24 West 9th St.19. (a) MAR 3 1947 (b) W. C. Schuler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month February day 28
year 1947 hour 6 minute 20 am21. I hereby certify that I attended the deceased from Feb. 18
1947, to Feb. 28, 1947that I last saw him alive on Feb. 27, 1947
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Embolism StrokeDue to Myocardial infarction yearsDue to Coronary Occlusion yearsOther 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? _____ (e) How did injury occur? _____

Signature W. C. Schuler

(Specify if Doctor of Medicine or Osteopath)

Address 24 West 9th St. Date signed 3/1/47