

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Butler** Registration District No. **130** File No. **26245**
Township Primary Registration District No. **8052** Registered No. **275**
or Village No. **Mercy Hospital** St. **31** Ward
or City of **Hamilton** (If death occurred in a hospital or institution, give its NAME instead of street and number)

Did Deceased Serve in
U. S. Navy or Army.....

2 FULL NAME **Carl E. Weileman**

(a) Residence. No. **675 Hoover Ave** St., **6** Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 Single, Married, Widowed or Divorced **Married**
(write the word)

5a If married, widowed or divorced
HUSBAND of **Lucy Dresel Weileman**
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) **Nov. 29, 1889**

7 AGE Years Months Days If LESS than 1 day hrs. or min.
34 **5** **26**

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Ball Player**
(b) General nature of Industry, business, or establishment in which employed (or employer).
(c) Name of employer

9 BIRTHPLACE (city or town).....
(State or country) **Ohio**

10 NAME OF FATHER **John Weileman**

11 BIRTHPLACE OF FATHER (city or town).....
(State or country) **Switzerland**

12 MAIDEN NAME OF MOTHER **Louise Schloterbeck** 5-26, 1924 (Address) **Hamilton Ohio**

13 BIRTHPLACE OF MOTHER (city or town).....
(State or country) **Germany**

14 Informant **Mrs Carl Weileman**
(Address) **675 Hoover Ave**

15 Filed **5-26** 19 **24** **Emma M Schuler**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) **May 25, 1924.**

17 I HEREBY CERTIFY, That I attended deceased from **May 11, 1924**, to **May 26, 1924**
that I last saw **him** alive on **May 24, 1924**
and that death occurred, on the date stated above, at **12:15 am**

The CAUSE OF DEATH* was as follows:

General Sepsis
(duration) yrs. mos. **7** ds.

CONTRIBUTORY **Tuberculosis - Throat**
(SECONDARY) (duration) yrs. mos. ds.

18 Where was disease contracted
if not at place of death? **-**

Did an operation precede death? **70** Date of **-**

Was there an autopsy? **70**

What test confirmed diagnosis? **Clinical & X Ray**

(Signed) **Law Gorch**, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL **Greenwood Cemetery** DATE OF BURIAL **May 29, 1924**

20 UNDERTAKER, License No. **925 A** ADDRESS **Hamilton, O.**
David Hicks

RECORD OF DEATH IN plain terms, so that it may be properly understood. See instructions on back of certificate.