

OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **085055**  
Registrar's No. **1012**

CERTIFICATE OF DEATH

DEATH  
**Hamilton**

7. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission)

6. CITY, VILLAGE, OR LOCATION

a. STATE **Ohio** b. COUNTY **Hamilton**

**Cincinnati**

**Cincinnati**

d. NAME OF HOSPITAL OR INSTITUTION

7. STREET ADDRESS

**6262 Beechmont Ave.**

**6262 Beechmont Ave.**

e. IS PLACE OF DEATH INSIDE CITY LIMITS?

8. IS RESIDENCE INSIDE CITY LIMITS?

9. IS RESIDENCE ON A FARM?

YES  NO

YES  NO

YES  NO

3. NAME OF DECEASED (TYPE OR PRINT)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

**Ray**

**Bressler Sr.**

**Nov. 7, 1966**

5. SEX

**male**

6. COLOR OR RACE

**white**

7. MARRIED  NEVER MARRIED

8. DATE OF BIRTH

9. AGE (In years)

10. Under 1 Year

11. If Under 24 Mths.

WIDOWED  DIVORCED

**10/23/1894**

**72**

Months

Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

**Realstate sales**

**retired-Self**

**Pa.**

**U.S.A.**

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

**Thomas Bressler**

**Maggie Bloom**

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

16. SOCIAL SECURITY NO.

17. INFORMANT'S NAME

Address

YES  NO

**444 271-18-2478**

**Maian Bressler**

**same**

18. CAUSE OF DEATH (Enter only one cause per line for 6a, 6b, and 6c.)

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

**Coronary atherosclerosis**

INTERVAL BETWEEN ONSET AND DEATH

**11 7 66**

Conditions: if any which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Coronary atherosclerosis, of right coronary, both removed in 1964.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT GREATER TO THE TERMINAL DISEASE (Condition given in Part I.)

19. WAS AUTOPSY PERFORMED?

YES  NO

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED

20c. TIME OF INJURY

Hour Month Day Year

20d. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

20e. PLACE OF INJURY (If in or about home, farm, factory, street, office, etc.)

20f. CITY, VILLAGE, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

on the date stated in 4, and to the best of my knowledge from the cause stated

22a. SIGNATURE

(Degree of title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL CREMA-TION (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, village, or county) (State)

**burial 11/10/66**

**Mt. Moriah**

**Tobasco, Ohio**

24. NAME OF ENBALMER

(LIC. NO.)

25. FUNERAL DIRECTOR'S SIGNATURE

(LIC. NO.)

**Gene Healey**

**5707A**

**Maian E. Conlan**

**3209**

24. FUNERAL FIRM AND ADDRESS (Street No.)

(City)

(State)

**T. P. White & Sons, 2050 Beechmont Ave., Cincinnati, Ohio 45230**

27. DATE REC'D BY LOCAL REG.

28. REGISTRAR'S SIGNATURE

**DEPUTY**

29. DATE REC'D BY SUB-REGISTRAR

30. SUB-REGISTRAR'S SIGNATURE

**NOV 18 1966 Rose Mary Engelkamp**