STATE OF OHIO
BUREAU OF VITAL STATISTICS
49 CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Hamilton Registration District No. 8227 File No. 3168
Township Primary Registration District No. Registered No. 83
or Village No. , St., Ward
or City of Cincinnati (If death occured in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jacob Stelzle

(a) Residence. No. 1804 Western Ave St., 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	4 COLOR OR RACE	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Emma Stelzle (nee Speidel)

6 DATE OF BIRTH (month, day, and year) June 2nd 1867

7 AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
52			

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

9 BIRTHPLACE (city or town) Cincinnati O
(State or country)

PARENTS

10 NAME OF FATHER Henry Stelzle
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12 MAIDEN NAME OF MOTHER Augusta Spies
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs Emma Stelzle
(Address) 1804 Western Ave

15 Filed JAN 7 1919 Ewalt Coony
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Jan 6 - 19 19

17 I HEREBY CERTIFY, That I attended deceased from
..., 19..., to..., 19...,
that I last saw h... alive on..., 19...,
and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:
Coroner viewed remains; no inquest.
Probably Cerebral hemorrhage
(duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy? No
What test confirmed diagnosis? history.
(Signed) Arthur J Bauer, M. D.
1/6 1919 (Address) Coroner

*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	DATE OF BURIAL
St. Mary.	Jan 7 - 1919
20 UNDERTAKER, License No.	ADDRESS
Geo Busse & Sons & Co	Jan 7 - 1919

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.