22144

OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

Reg. Dist. No. 8108
Primary Reg. Dist. No. _____

State File No. _____
Registrar's No. 86

1. PLACE OF DEATH:
(a) County Cuyahoga
(b) Cleveland Hghts. (City, Village, Township)
(c) Name of hospital or institution: 3288 Feldon Rd. (If not in hospital or institution, write street No. or location)
(d) Length of stay: In hospital or institution _____ (Days)
In this community 65 yrs. (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Cuyahoga
(c) City or village Cleveland Hgts. (If outside city or village, write RURAL)
(d) Street No. 3288 Feldon Rd (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. FULL NAME George A. Strief
(a) If veteran, name war _____ (b) Social Security No. _____

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Essie A Strief
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. (Month) 16 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
89	5	16	hr. _____ min.

9. Birthplace Ger (City, town, or county) Germ (State or foreign country)
10. Usual occupation Coal Dealer
11. Industry or business _____

Mother Father
12. Name Joseph W. Strief
13. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)
14. Maiden name Caroline Lindauer
15. Birthplace Cincinnati, (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's signature Esther Marie Madsen
(b) Address 3288 Feldon Rd.
17. (a) Burial, cremation, or other: (b) Date April 3-1946 (Month) (Day) (Year)
(c) Place Acacia Cemetery
(d) E. H. Edick (Name of Embalmer) 1953H (Lic. No.)
18. (a) E. H. Edick (Signature of Funeral Director) 602 (Lic. No.)
(b) Address 1877 E 82nd St.
19. (a) 4/2/46 (Date received local registrar) (b) N. A. Canfield (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month April day 1st year 1946 hour 10:30 a.m.
21. I hereby certify that I attended the deceased from at intervals last 2½ years, 19___, to date of death 19___: that I last saw him alive on April 1st, 1946: and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Exhaustion from old age degeneration	
Due to 1078	
Due to	
Other 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? (Specify type of place)
While at work? _____ (e) How did injury occur? _____

23. Signature Albert F. Green M.D. (Specify if Doctor of Medicine or Osteopathy)
Address 13318 CEDAR ROAD CLEVELAND HTS., O. Date signed 4-2-46