

OHIO DEPARTMENT OF HEALTH

54917

Reg. Dist. No. 434

COLUMBUS

State File No. _____

Primary Reg. Dist. No. 8227

CERTIFICATE OF DEATH

Registrar's No. 5313

Department of Commerce — Bureau of the Census

1. PLACE OF DEATH:

HAMILTON

(a) County

CINCINNATI

(b)

(City, Village, Township)

(c) Name of hospital or institution:

CINCINNATI GENERAL HOSPITAL

(If not in hospital or institution, write street No. or location)

(d) Length of stay: in hospital or institution

(Days)

In this community

(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio(b) County **HAMILTON**

(c) City or village

CINCINNATI (If outside city or village, give rural)(d) Street No. 1045 Township St

(If rural, give location)

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

3. FULL NAME

Edward Tiemeyer

(a) if veteran, name war

NO

(b) Social Security No.

268-05-8138

4. Sex

M

5. Color or race

W6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife

ALMA BECKMANN

(c) Age of husband or wife if alive

58 years

7. Birth date of deceased

5 (Month)9 (Day)1865 (Year)

8. AGE: Years

61

Months

4

Days

18

If less than one day

hr.

min.

9. Birthplace

CINTI

(City, town, or county)

OHIO

(State or foreign country)

10. Usual occupation

PIPE CUTTER

11. Industry or business

SUPPLY HOUSE

12. Name

HENRY TIEMEYER

13. Birthplace

GERMANY

(City, town, or county)

(State or foreign country)

14. Maiden name

ELIZABETH WELLMAN

15. Birthplace

CINTI

(City, town, or county)

OHIO

(State or foreign country)

16. (a) Informant's signature

Alma Tiemeyer

(b) Address

1045 TOWN SHIP AVE

17. (a) Burial, cremation, or other; (b) Date

(c) Place

9 30 46 (Month) (Day) (Year)**VINE ST HILL**

(d)

JOHN C GUMP 3893A

(Name of Embalmer)

(Lic. No.)

18. (a)

John Gump2224

(Signature of Funeral Director)

(Lic. No.)

(b) Address

CNEVIOT OHIO

19. (a)

OCT 1 1946

(Date received local registrar)

Grace Labors

(Registrar's signature)

DEPUTY

MEDICAL CERTIFICATION

20. Date of death: Month Sept day 27 year 1946 hour 3 minute 20 AM21. I hereby certify that I attended the deceased from Sept 9, 1946 to Sept 27, 1946 that I last saw him alive on Sept 27, 1946 and that death occurred on the date and hour stated above.Immediate cause of death PneumoniaDue to 102

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation

Major findings of autopsy NO

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 **Stanley Dorst** (Specify if Doctor of Medicine or Osteopathy) Address **Cincinnati Hosp** Date signed _____

Underline the cause to which death should be charged statistically.