

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

511:6

1 PLACE OF DEATH
County Hamilton Registration District No. 282 File No. 4917
Township..... Primary Registration District No..... Registered No. 4917
or Village..... No..... St..... Ward.....
or City of Cincinnati (If death occurred in a hospital or institution, give its NAME instead of street and number) 2
Length of residence in city or town where death occurred..... mo..... yr..... How long in U. S., if of foreign birth?..... yr..... mo..... ds.
2 FULL NAME Frank J. Bahle Did Deceased Serve in U. S. Navy or Army.....
(a) Residence. No. 1647 N. Bend Rd. St.,..... Ward..... (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR W 5. SINGLE, MARRIED. Write the word Widowed or Divorced Married
6. If Married, Widowed or Divorced Husband of (or) Wife of Clara Bahle
7. DATE OF BIRTH (month, day, and year) Dec. 15 - 1863
8. AGE (years) Months Days 75 8 If LESS than 1 day..... hrs. min.
9. Trade, profession, or particular kind of work done, as Bondman
10. Industry or business in which work was done, as silk mill saw mill, bank, etc.
11. Date deceased last worked at this occupation (month and year)..... 12. Total time (years) spent in this occupation.....

21. DATE OF DEATH (month, day, and year) Sept 7, 1939
22. I HEREDY CERTIFY that I attended deceased from Sept 1938 to Sept 1939. I last saw him alive on Sept 7, 1939. death is said to have occurred on the date stated above at 11 AM.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Acute Coronary Disease of Heart
44B

13. BIRTHPLACE (city or town) (State or country) Ohio
14. NAME Frederick Bahle
15. BIRTHPLACE (city or town) (State or country) Germany
16. MAIDEN NAME Frances George
17. BIRTHPLACE (city or town) (State or country) Germany
18. The Signature of Informant and (Address) Clara Bahle 1647 N. Bend Rd. Springdale
19. BIRTHPLACE (city or town) (State or country) Germany
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CONTRIBUTORY CAUSES of importance not related to principal cause:
Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? Chemical Where an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?
no
If so, specify.....
(Signed) Kate Lee and
Date 9/9/1939 Address 4239 Hamilton Ave. Cin. O.

FILE SEP 12 1939

REGISTRAR