

## DIVISION OF VITAL STATISTICS

Reg. Dist. No. 3101

State File No.

6684

Primary Reg. Dist. No.

## CERTIFICATE OF DEATH

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Hamilton</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Ohio</b> b. COUNTY <b>Hamilton</b>	
b. CITY (If outside corporate limits, write RURAL OR and give township) VILLAGE <b>Cincinnati</b>		c. LENGTH OF STAY (In this place) <b>life</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Good Samaritan Hospital</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <b>Cincinnati</b> <u>101</u>	
		d. STREET (If rural, give location) ADDRESS <b>3032 Montana Ave</b>	
3. NAME OF DECEASED (TYPE OR PRINT)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>CHRISTIAN</b>		b. (Middle) <b>ERNST</b>	
c. (Last) <b>HEISMANN</b>		<b>Nov. 19, 1951</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 16, 1880</b>
9. AGE (In years last birthday) <b>71</b>		Under 1 Year Months <b>7</b> Days <b>3</b>	If Under 24 hrs. Hours <b>1</b> Min. <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Owner of Store</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Store</b>	11. BIRTHPLACE (State or foreign country) <b>Cincinnati Ohio</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>August Heismann</b>	
14. MOTHER'S MAIDEN NAME <b>Mary Roetger</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE <i>Ida L. Heismann</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>332X</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. HOW DID INJURY OCCUR?	
21f. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>48</u> , to <u>19 Nov.</u> , 19 <u>51</u> , and that death occurred at <u>2:30</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Franklin C. Schuster M.D.</i>		23b. ADDRESS <i>3475 N. Bend Rd. Cinti. 24, O.</i>	
23c. DATE SIGNED <i>11-21-51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 21, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cem. of Spring Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Cincinnati Hamilton Ohio</b>
BIRTH NO.		NAME OF EMBALMER (LIC. NO.) <b>Wain A. Bolton 3882 R.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>NOV 23 1951 R.S. Wehr md</b>		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <i>Wain A. Bolton</i> <b>2210</b>	