

**DEPARTMENT OF HEALTH  
COLUMBUS  
CERTIFICATE OF DEATH**

**68786**

Reg. Dist. No. 222

State File No. 68786

Primary Reg. Dist. No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Hamilton  
 (b) Cincinnati  
(City, Village, Township)  
 (c) Name of hospital or institution:  
Wood Samaritan Hosp.  
(If not in hospital or institution, write street No. or location)  
 (d) Length of stay: in hospital or institution \_\_\_\_\_  
(Days)  
 In this community 21  
(Years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Ohio (b) County Hamilton  
 (c) City or village Cheviot  
(If outside city or village, write RURAL)  
 (d) Street No. 3628 Darwin Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**3. FULL NAME** Fred Mollenkamp  
 (a) if veteran, name war No (b) Social Security No. 270-05-6077  
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Bessie Gosnell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Mar 15 1890  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. Date of death: Month Nov day 1  
 year 1948 hour 5 minute A.M.  
 21. I hereby certify that I attended the deceased from Oct. 26th  
1948, to Nov. 1, 1948;  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Perf. of gastric carcinoma; **Duration** 10 hours

**8. AGE:** Years 58 Months 7 Days 16 If less than one day \_\_\_\_\_ hr. min.

Due to gastric carcinoma **Duration** indefinite

**9. Birthplace** Cincinnati Ohio  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

**10. Usual occupation** Salesman

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**11. Industry or business** Retail Furniture Store

Major findings of operation Perforated gastric carcinoma, with localized peritonitis.

**12. Name** Fred Mollenkamp

Major findings of autopsy none

**13. Birthplace** Germany  
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

**14. Maiden name** ANNA HIE

**15. Birthplace** Cinti Ohio  
(City, town, or county) (State or foreign country)

**16. (a) Informant's signature** Fred Mollenkamp

**(b) Address** 3628 Darwin Ave Cheviot O

**17. (a) Burial, cremation, or other;** (b) Date 11 4 48  
(Month) (Day) (Year)

**(c) Place** St. Mary - St. Bernard O.

**(d) Theo W. Schneider 5080A**  
(Name of Embalmer) (Lic. No.)

**18. (a) Peter Rebold & Son**  
(Signature of Funeral Director) (Lic. No.)

**(b) Address** Cheviot O

**19. (a) NOV 9 1948** (b) Grace Tesoro  
(Date received local registrar) (Registrar's signature)

**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** James J. Perry  
(Specify if Doctor of Medicine or Osteopathy)

**Address** 210 W. Ninth St. **Date signed** 11-9-48