

1 PLACE OF DEATH

CERTIFICATE OF DEATH

No. 44126County HamiltonRegistration District No. 494File No. 44126

Township _____

Primary Registration District No. 8227Registered No. 4086

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)

Length of residence in city or town where death occurred _____ yrs _____ mos _____ ds. How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.

2 FULL NAME George A. PechineyDid Deceased Serve in
U. S. Navy or Army _____(s) Residence. No. 4732 Hamilton Ave St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR or RACE White 5. SINGLE, MARRIED, Widowed or Divorced Married5a. If Married, Widowed, or Divorced
Husband of (or) Wife of Laura Wright6. DATE OF BIRTH (month, day, and year) 9-20-18617. AGE (years) Months Days If LESS than 1 day, _____ hrs. or _____ min.
81 9 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retd. Tool Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Cincinnati
(State or country) Ohio13. NAME Peter Pechiney14. BIRTHPLACE (city or town) New Lisbon
(State or country) Ohio15. MAIDEN NAME Jane Gardner16. BIRTHPLACE (city or town) _____
(State or country) England17. The Signature of Informant Laura Pechiney
and (Address) 4732 Hamilton Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Spring Grove Date 7-17-194319. FUNERAL FIRM Wm. A. Miller Sons19a. BURIED BY Wm. A. Miller U. No. 1258Address 4138 Hamilton Ave19b. EMBALMER N. W. Miller U. No. 3636A20. FILED JUL 19 1943 Joe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7-14-1943

22. I HEREBY CERTIFY, That I attended deceased from

February 9 1938 to July 14 1943I last saw deceased alive on July 13 1943, death is saidto have occurred on the date stated above at 6:15 P. M.

THE PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Coronary thrombosis Date of onset 7-1-43arterio-sclerotic heart disease 1938

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation None Date of _____What test confirmed diagnosis? Chin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

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) Green R. Hattendorf M. D.Date 7/16 1943 Address 1725 Elmwood Ave