

PLACE OF DEATH.

County of HamiltonTownship of _____ Registration District No. 494or _____ File No. 2756Village of _____ Primary Registration District No. 8227or _____ Registered No. 339City of Cincinnati (No. Longview Hospital St. Ward _____)(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.") FULL NAME Edward J. Reeder (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White
DATE OF BIRTH unknown 1
(Month) (Day) (Year)AGE 5x years, _____ months, _____ days.SINGLE, MARRIED, WIDOWED, OR DIVORCED MarriedBIRTHPLACE (State or Foreign Country) Cincinnati, OOCCUPATION Advertiser (67)NAME OF FATHER John ReederBIRTHPLACE OF FATHER (State or Foreign Country) FranceMAIDEN NAME OF MOTHER Senal BakerBIRTHPLACE OF MOTHER (State or Foreign Country) Germany

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) J. J. Sullivan(Address) 1337 BroadwayFiled JAN 16 1913₁₀Edward Evans
Registrar.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 15 1913
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Sept 12 1912 to Jan 15 1913that I last saw him alive on Jan 14 1913and that death occurred, on the date stated above, at 3

A.M. The CAUSE OF DEATH was as follows:

Dementia Paralytica

(Duration) _____ Days

Contributory _____

(Duration) _____ Days

(Signed) Walter E. List M.D.Jan 15 1913 (Address) Longview Hosp. in this

SPECIAL INFORMATION only of hospitals, institutions, Transients, or Recent Residents

Former or _____ How long at _____ Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL or REMOVAL Spring Hill Cem. DATE OF BURIAL Jan 17 1913UNDERTAKER John Sullivan ADDRESS 315 East 8th St