

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

154

15447

Reg. Dist. No. 1801
Primary Reg. Dist. No. 1801

State File No. _____
Registrar's No. 2548

1. PLACE OF DEATH a. COUNTY <u>Cuyahoga</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Cuyahoga</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR and give township VILLAGE <u>Cleveland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Cleveland</u>	
c. LENGTH OF STAY (in this place) <u>2 Wks.</u>		d. STREET (If rural, give location) ADDRESS <u>9414 Anderson Ave.</u>	
d. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>9414 Anderson Ave.</u>			

3. NAME OF DECEASED (TYPE OR PRINT)			4. DATE OF DEATH		
a. (First) <u>STEVEN</u>	b. (Middle) <u>RICHARD</u>	c. (Last) <u>SUNDRA</u>	(Month) <u>MARCH</u>	(Day) <u>23</u>	(Year) <u>1952</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>MARCH 27, 1910</u>	9. AGE (In years last birthday) <u>41</u>	Under 1 Year Months <u>11</u> Days <u>25</u>	11 Under 24 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Edmond Smith Const. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Luxor, Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Michael Sundra</u>	14. MOTHER'S MAIDEN NAME <u>Marie Kalata</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>Yes</u>	16. SOCIAL SECURITY NO. <u>273-07-5976</u>	17. INFORMANT'S SIGNATURE <u>Marie Sundra</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum - Metastasis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>154X</u>	

19a. DATE OF OPERATION <u>Nov 17 1950</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rectum -</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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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 (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5204</u>

22. I hereby certify that I attended the deceased from Dec 26, 1951, to March 23, 1952, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul J. Stuber M.D.</u> (Degree or title)	23b. ADDRESS <u>950 Keith Blvd</u>	23c. DATE SIGNED <u>March 24, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/26/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	24d. LOCATION (City, town, or county) (State) <u>CLEVELAND OHIO</u>
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BIRTH NO.	NAME OF EMBALMER (LIC. NO.) <u>L. Wakeham 39942</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. A. Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>E. J. Kuhn 3601 E. 93 St. 3543</u>
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