

Reg. Dist. No. 8118

State File No. \_\_\_\_\_

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

Registrar's No. 33

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 OR and give township) <u>EAST CLEVELAND</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EAST CLEVELAND</u>	
c. LENGTH OF STAY (in this place)		d. STREET (If rural, give location) <u>14108 NORTHFIELD AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14108 NORTHFIELD AVE</u>		e. ADDRESS <u>14108 NORTHFIELD AVE</u>	

3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>CHARLES</u> b. (Middle) <u>L</u> c. (Last) <u>ZIMMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 22 1949</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV 23-1860</u>	9. AGE (In years last birthday) <u>88</u>	Under 1 Year Months _____ Days _____	If 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>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>IRONTON OHIO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>HENRY ZIMMER</u>	14. MOTHER'S MAIDEN NAME <u>ANNA FISHER</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE <u>Leona Meyer</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH _____
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>	_____	
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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)	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 23, 1948, to Aug 22, 1949, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. H. Emisel M.D.</u>	23b. ADDRESS <u>2066 Euclid Ave. Cleveland 3 OH</u>	23c. DATE SIGNED <u>8-23-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/24/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Twinsburg OHIO</u>
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BIRTH NO.	NAME OF EMBALMER (LIC. NO.) <u>EMIL GOLUB 4913A</u>
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DATE REC'D BY LOCAL REG. <u>8-23-49</u>	REGISTRAR'S SIGNATURE <u>E. A. Young, Deputy</u>	25. FUNERAL HOME (LIC. NO.) <u>Mr. ABEL JR 210 7017 Superior Ave</u>
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