

OHIO DEPARTMENT OF HEALTH

1585

Reg. Dist. No. 286

COLUMBUS

State File No. _____

Primary Reg. Dist. No. 8118

CERTIFICATE OF DEATH

Department of Commerce - Bureau of the Census

Registrar's No. 718

1. PLACE OF DEATH:

(a) County Cuyahoga

(b) Cleveland
(City, Village, Township)

(c) Name of hospital or institution:
1404 E 45 St
(If not in hospital or institution, write street No. or location)

(d) Length of stay: In hospital or institution _____ (Days)
In this community _____ (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Cuyahoga

(c) City or village Cleveland
(If outside city or village, write RURAL.)

(d) Street No. 1404 E 45 St
1082 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

FULL

3. NAME FRANK DOLJACK

(a) If veteran, _____ (b) Social Security
name war _____ No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Oct 5 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 18 hr. min.

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

10. Usual occupation Cashier

11. Industry or business Liquor Dept State of Ohio

12. Name John Doljack

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

14. Maiden name Johanna Zele

15. Birthplace Jugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant's signature Mrs. Mary Cimosek

(b) Address 1404 E 45 St.

17. (a) Burial, cremation, or other: (b) Date Jan 28 48
(Month) (Day) (Year)

(c) Place Calvary

(d) Lester Wakeham 3944 A
(Name of Embalmer) (Lic. No.)

18. (a) Lonis A. Zele 1919
(Signature of Funeral Director) (Lic. No.)

(b) Address 6502 So Clair Ave

19. (a) JAN 26 1948
(Date received local registry)

(b) Pabelle Marotta
(Registrar's signature)

DEPUTY

MEDICAL CERTIFICATION

20. Date of death: Month Jan day 23
year 1948 hour 10 minute 50 PM

21. I hereby certify that I attended the deceased from _____
2 weeks deceased
that I last saw him alive on _____, 19____:
and that death occurred on the date and hour stated above. Duration

Immediate cause of death
natural causes -

Due to _____

Due to _____

Other conditions
Dr. Zele treating for heart condition
(Include pregnancy within 3 months of death)

Major findings of operation _____

Major findings of autopsy _____

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____

OK St. Gallway D. Colom

23. Signature William Katzel, M.D.
(Specify if Doctor of Medicine or Osteopathy)

Address St. Charles, Calif Date signed 1/24/48