

1 PLACE OF DEATH
County Hamilton
Township _____
or Village _____
or City of Cincinnati
Length of residence in city (less than death occurred) _____ yrs. _____ mo. _____ da.
6. How long in U. S., if of foreign birth _____ yrs. _____ mo. _____ da.
2 FULL NAME John Heilman
(a) Residence No. 157 Sheep Lane St., _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

No. _____
Registration District No. 494
Primary Registration District No. 8227
File No. 13836
Registered No. 4180

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR W
5. SINGLE MARRIED, Write the word
Widowed Divorced Married
6. DATE OF BIRTH (month, day, and year) Aug 10 - 1877
7. AGE (years) Months Days If LESS than 1 day
68 _____
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. night watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. music hall (retired)
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Ohio
13. NAME Bernard Heilman
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Helen Tegerter
16. BIRTHPLACE (city or town) (State or country) Germany
17. THE SIGNATURE OF INFORMANT and (Address) Caroline Heilman
18. BURIAL, CREMATION OR REMOVAL Place Home St. Date July 22, 1940
19. FUNERAL FIRM Sweet's
19a. BURIED BY _____ No. _____
Address _____
19b. EMBALMER F. H. Miller U. S. No. 1664
20. FILED JUL 25 1940 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19, 1940
22. I HEREBY CERTIFY, that I attended deceased from May 5, 1940 to July 19, 1940
I last saw him alive on May 11, 1940, death is said to have occurred on the date stated above at 1:30 P. m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Cardiovascular Disease
Coronary occlusion
CONTRIBUTORY CAUSES of importance not related to principal cause:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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?
If so, specify _____
(Signed) H. P. Damerow M. D.
Address 2125 Sycamore St. Cincinnati, Ohio
Saylor Park,