

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Reg. Dist. No. _____

Primary Reg. Dist. No. _____

State File No. _____

Registrar's No. _____

32370

2830

3101

1. PLACE OF DEATH a. COUNTY Hamilton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY Hamilton	
b. CITY (If outside corporate limits, write RURAL or give township) VILLAGE Cincinnati 14, O.		c. LENGTH OF STAY (in this place) 1709 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE Cincinnati, Ohio	
		f. STREET (If rural, give location) ADDRESS Fenwick Club, 423 Commercial St	
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) Edward b. (Middle) A. c. (Last) Hug		4. DATE OF DEATH (Month) (Day) (Year) 5-11-53	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7-14-80
		9. AGE (In years last birthday) 72	Under 1 Year Months 9 Days 27 If Under 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Fenwick Club.	
11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Hug		14. MOTHER'S MAIDEN NAME Anna Hall	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE <i>A. E. Wilmes</i> St. Francis Hospital, A.E. Wilmes, Record Libr	
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 <i>Arteriosclerotic heart disease with failure generalized arteriosclerosis</i> 4200	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
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 OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED While at <input type="checkbox"/> Not While at <input type="checkbox"/> Work of Work	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 1, 1953 , to May 11, 1953 , and that death occurred at 9:50 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>R. E. Wilmes</i> (Degree or title) MD		23b. ADDRESS 4948 Glenway	
23c. DATE SIGNED 5/13/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/15/53	
24c. NAME OF CEMETERY OR CREMATORY St Jos. New.		24d. LOCATION (City, town, or county) (State) Cincinnati, Ohio.	
BIRTH NO. Do not write in this space		NAME OF EMBALMER (LIC. NO.) Cletus Homan 3180A	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 18 1953 R. E. Wilmes md		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) B. J. Sullivan 2050	