

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

60025
6093

1 PLACE OF DEATH

County Hamilton

Registration District No. 48

File No. 60025

Township

Primary Registration District No. 82

Registered No. 6093

or Village

Cincinnati

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

or City of

Length of residence in city or town where death occurred

Yrs.

Mos.

Ds.

How long in U. S., if of foreign birth?

Yrs.

Mos.

Ds.

2 FULL NAME

Albert B. Niehaus

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

1615 Western

St.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced Single (Write the word)

21. DATE OF DEATH (month, day, and year) Oct 14, 1931

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1931, to Oct. 14, 1931.

6. DATE OF BIRTH (month, day, and year) June 1-1899

I last saw h.M. alive on Oct 14, 1931, death is said to have occurred on the date stated above at 4:00 P.M.

7. AGE Years 32 Months 4 Days 1 If LESS than 1 day, hrs. or min.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Ball Player

Bronchitis pneumonia

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

817 V

Right Lung

10. Date deceased last worked at this occupation (month and year)

Cin. O.

1070

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

Cin. O.

CONTRIBUTORY CAUSES of importance not related to principal cause: None

MOTHER FATHER 13. NAME Aloysius Niehaus

14. BIRTHPLACE (city or town) (State or country)

Cin. O.

Name of operation None Date of —

15. MAIDEN NAME Catherine Kingstree

What test confirmed diagnosis? clinical Was there an autopsy? no

16. BIRTHPLACE (city or town) (State or country)

Cin. O.

23: If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

17. The Signature of INFORMANT and (Address) Catherine Niehaus
1615 Western Ave

Where did injury occur? — (Specify city or town, county, and State)

18. BURIAL, CREMATION OR REMOVAL Place St. Joseph Date Oct 17, 1931

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (Address) Buss & Bergmann
Cincinnati

24. Was disease or injury in any way related to occupation of deceased? no

19a. Was body embalmed yes Embalmer's No. 1464

If so, specify (Signed) Charles S. Hoover M. D.

20. FILED 15 1931 Registrar C. Waller Colley

Date 10-15-1931 Address 472 Union Central Annex Cincinnati, O.