

Reg. Dist. No.

Primary Reg. Dist. No.

**18**  
**1801**OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

## CERTIFICATE OF DEATH

State File No.

Registrar's No.

331  
008974

1245

1. PLACE OF DEATH a. COUNTY Cuyahoga b. CITY, VILLAGE, OR LOCATION Cleveland c. NAME OF HOSPITAL OR INSTITUTION St Johns Hospital d. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Ohio b. COUNTY Cuyahoga c. CITY, VILLAGE, OR LOCATION Cleveland d. STREET ADDRESS 3150 West 84th Street e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) GEORGE 4. DATE OF DEATH Feb. 12, 1959		5. SEX Male 6. COLOR OR RACE White 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> 8. DATE OF BIRTH 8/28/1881 9. AGE (In years last birthday) 77 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector 11. BIRTHPLACE (State or foreign county) Cleveland, Ohio 12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Bernard Paskert 15. WAS DECEASED EVER IN U. S. ARMED FORCES? No		14. MOTHER'S MAIDEN NAME Matilda Radermacher 16. SOCIAL SECURITY NO. 292-18-4086 17. INFORMANT'S SIGNATURE C. J. ...	
18. CAUSE OF DEATH (Enter on one cause only for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a): Cerebro-Vascular accident DUE TO (b): Gen. arteriosclerosis DUE TO (c): PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN (a) (b) (c): Cardiac arrhythmia & old ant. myocard. infarct.		INTERVAL BETWEEN ONSET AND DEATH 48 hours 20 yrs -	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED (Give nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, VILLAGE, OR LOCATION 20g. COUNTY 20h. STATE		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I attended the deceased from 2/10/59 to 2/12/59 and last saw him alive on 2/11/59 Death occurred on 2/12/59 on the date stated in (a) and is the best of my knowledge from the causes stated. 22a. SIGNATURE Paul J. ... 22b. ADDRESS 21724 Lorain Rd. 22c. DATE SIGNED 2/13/59			
23a. BURIAL, CREMATION, (Specify) Burial 23b. DATE Feb. 14, 1959 23c. NAME OF CEMETERY OR CREMATORY St. Marys, W 41 & Clark 23d. LOCATION (City, town, or county) (State) Cleveland, Ohio			
24. NAME OF EMBALMER Robert Berg 25. FUNERAL FIRM AND ADDRESS Corrigan Funeral Homes, Inc., 14768 Lorain Ave., Cleveland, Ohio		25. FUNERAL DIRECTOR'S SIGNATURE Warren T. Keeney (LIC. NO.) 3405 (CITY) (STATE)	
27. DATE REC'D BY LOCAL REG. EB 13 1959		28. REGISTRAR'S SIGNATURE A. Randall 29. SUB-REGISTRAR'S SIGNATURE	