

OHIO DEPARTMENT OF HEALTH

COLUMBUS

State File No.

62520

Reg. Dist. No. 494

Primary Reg. Dist. No. 2228

CERTIFICATE OF DEATH

Registrar's No.

6054

Department of Commerce—Bureau of the Census

1. PLACE OF DEATH:

(a) County HAMILTON(b) CINCINNATI
(City, village, township)(c) Name of hospital or institution:
CINCINNATI GENERAL HOSPITAL
(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 HAMILTON(c) City or village CINCINNATI 37
(If outside city or village, write RURAL)(d) Street No. 2839 Woodburn
(If rural, give location)(e) If foreign born, how long in U. S. A.? Life years.

FULL

3. NAME Henry Peitz(a) If veteran, ✓ name war _____ (b) Social Security No. _____4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 11 28 1870
(Month) (Day) (Year)8. AGE: Years 72 Months _____ Days _____ If less than one day hr. min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Bull. piper11. Industry or business Retired12. Name ?13. Birthplace ?
(City, town, or county) (State or foreign country)14. Maiden name ?15. Birthplace ?
(City, town, or county) (State or foreign country)16. (a) Informant's signature Mrs Ruder(b) Address 2839 Woodburn Ave17. (a) Burial, cremation, or other; (b) Date Oct. 27-43
(Month) (Day) (Year)(c) Place: St. Mary's(d) Eleanor Kappen 4506 A
(Name of Embalmer) (Lic. No.)18. (a) L. V. Nune 1360
(Signature of Funeral Director) (Lic. No.)(b) Address 1564 Chm St.19. (a) OCT 27 1943
(Date received local registrar)Jo Back
(Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Oct day 23
year 1943 hour one minute 45 P.M.21. I hereby certify that I attended the deceased from Oct 1, 1943, to Oct 23, 1943, that I last saw him alive on Oct 23, 1943, and that death occurred on the date and hour stated above.Immediate cause of death Mesenteric Thrombosis(Spontaneous)Due to 46B

Due to _____

Other conditions Carcinoma of Stomach
(Include pregnancy within 3 months of death)

Major findings of operation _____

Major findings of autopsy See above.

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? _____

23. R. Charles W. Vetter ASS'T TO THE DEAN
CINCINNATI (Specify as Doctor of Medicine or Dentistry) HOSPITAL

Address _____ Date signed _____

Underline the cause to which death should be charged statistically.