[illegible] OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security
No 287-03-2157

1 PLACE OF DEATH

County Stark. Registration District No. [illegible] File No. [illegible]

Township .... Primary Registration District No. 8482 Registered No. 514

or Village .... No. .... Mercy Hospital. St., ... Ward

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

or City of Canton.

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 Edward Gremminger.

Did Deceased Serve in U. S. Navy or Army ....

(a) Residence. No. 729 Maryland Ave. S. W. St., ... Ward ....
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, Widowed or Divorced (Write the word): Married

5a. If Married, Widowed, or Divorced Husband of (or) Wife of: Helena Gremminger.

6. DATE OF BIRTH (month, day, and year): March 30, 1874

7. AGE (years) 68 Months 1 Days 26 If LESS than 1 day ...... hrs. or ...... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hygienic Products Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER

13. NAME Micheal Gremminger.
14. BIRTHPLACE (city or town)
(State or country) Ohio.

MOTHER

15. MAIDEN NAME Sarah Jane Killian.
16. BIRTHPLACE (city or town)
(State or country) Ohio

17. The Signature of INFORMANT Mrs Hazel Sponseller
and (Address) 729 Maryland Ave. S. W.

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Hill Cem. May 29, 1942

19. FUNERAL FIRM C. D. Shiver, Inc.

19a. BURIED BY C. D. Shiver, Lic. No. 1652
Address Canton, Ohio.

19b. EMBALMER Charles Gonser Lic. No. 3612-A

20. FILED 5/28, 1942 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 26, 1942

22. I HEREBY CERTIFY, That I attended deceased from 4-18-42, 19 to 5-26, 1942

I last saw him alive on 5-26-42 19 death is said to have occurred on the date stated above at 4 P. m.

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

Hypertrophy of prostate gland [illegible]

1310

CONTRIBUTORY CAUSES of importance not related to principal cause:

Pulmonary embolism

[illegible]

Name of operation Prostatectomy Date of 4-23-42

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?
no

If so, specify

(Signed) F. C. Hendrickson M. D.

Date 5-28 1942 Address Canton O.