

STATE OF OHIO  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32515  
189

1 PLACE OF DEATH

County Cuyahoga Registration District No. 8119 File No. 32515  
Township Lakewood Primary Registration District No. 189 Registered No. 189  
or Village No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

George Rettger  
(a) Residence. No. 1610 Hagar Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 5 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH (month, day and year) June 5 1921

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

17 I HEREBY CERTIFY, That I attended deceased from Mar. 23 1921 to June 5 1921, that I last saw him alive on June 5 1921, and that death occurred, on the date stated above, at 7:15 P.M.

6 DATE OF BIRTH (month, day, and year) July 29 - 1868

The CAUSE OF DEATH\* was as follows:

7 AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
52 10 5

Pulmonary Tuberculosis  
[Removal to bronchial kidney (St. Aloysius Hosp.) Dr. N. J. Salpica.]  
.....(duration) .....yrs. ....mos. ....ds.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Master Mechanic

CONTRIBUTORY (SECONDARY) .....(duration) .....yrs. ....mos. ....ds.

(b) General nature of Industry, business, or establishment in which employed (or employer) Automobile Parts

(c) Name of employer Carroll & Dingham Co

18 Where was disease contracted if not at place of death? X

9 BIRTHPLACE (city or town) Cleveland (State or country) Ohio

Did an operation precede death? yes Date of Mar. 1921

10 NAME OF FATHER John Rettger

Was there an autopsy? not

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

What test confirmed diagnosis? Clinical & Laboratory  
(Signed) Hubert C. King, M. D.

12 MAIDEN NAME OF MOTHER Magdalene Lear

June 7, 1921 (Address) 15701 Detroit Ave

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

14 Informant Magdalene Rettger (Address) 1610 Hagar Ave

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL 6/9 1921

15 Filed 677-31 REGISTRAR

20 UNDERTAKER, License No. 1469A ADDRESS Redy Bros & Flanigan 11730 Detroit Ave