

## OHIO DEPARTMENT OF HEALTH

COLUMBUS

## CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

Reg. Dist. No. 392Primary Reg. Dist. No. 8187State File No. 10729Registrar's No. 909

## 1. PLACE OF DEATH:

(a) County Franklin(b) Columbus

(City, Village, Township)

(c) Name of hospital or institution:

St. Francis 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 Franklin(c) City or village Columbus

(If outside city or village, write RURAL)

(d) Street No. 327 1/2 South 4th St.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

5. NAME Albert Bauer(a) If veteran,  
name war(b) Social Security  
No. none4. Male5. Color or  
race white6. (a) Single, widowed, married,  
divorced widowed

6. (b) Name of husband or wife

Lucy Bauer6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased 8/7/1859

(Month)

(Day)

(Year)

8. AGE: Years

Months

Days

If less than one day

84616

hr.

min.

9. Birthplace Columbus, Ohio

(City, town, or county)

(State or foreign country)

10. Usual occupation Retired 18 yrs.11. Industry or business Private detective for12. Name Phillip Bauer13. Birthplace Germany

(City, town, or county)

(State or foreign country)

14. Maiden name Elizabeth Buchman15. Birthplace Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant's signature W. J. Anderson(b) Address 2933 Neil Avenue17. (a) Burial-cremation, or other (b) Date 2/26/1944(c) Place Cook & Son Crematory(d) Carl Myers 1930A

(Name of Embalmer)

(Lic. No.)

18. (a) W. C. Cook 468

(Signature of Funeral Director)

(Lic. No.)

(b) Address 1631 Parsons Avenue19. (a) 2-25-44 (b) J. Herbert Mumm

(Date received local registrar)

(Registrar's signature)

## MEDICAL CERTIFICATION

20. Date of death: Month 2 day 23  
year 44 hour 10 minute 43 PM21. I hereby certify that I attended the deceased from  
2-21, 1944, to 2-23, 1944.  
that I last saw him alive on 2-23, 1944:  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary occlusion  
& myocardial infarct.Due to arteriosclerosis.Due to atxOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings of operation No operation.Major findings of autopsy Coronary occlusion  
myocardial infarct; left heart failure  
& edema of lungs.

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. Signature D. W. Gaulke, M.D.

(Specify if Doctor of Medicine or Osteopathy)

Address St. Francis Hosp Date signed 2/24/44Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.