

**OHIO DEPARTMENT OF HEALTH
COLUMBUS
CERTIFICATE OF DEATH**

84179
2399

Reg. Dist. No. 434
Primary Reg. Dist. No. 8227

State File No. 2399
Registrar's No. _____

1. PLACE OF DEATH:
(a) County Hamilton
(b) Cincinnati
(City, Village, Township)
(c) Name of hospital or institution:
2907 Glendora Street
(If not in hospital or institution, write street No. or location)
(d) Length of stay: in hospital or institution _____
In this community 60 years (Days)
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Hamilton
(c) City or village Cincinnati **30**
(If outside city or village, write RURAL)
(d) Street No. 2907 Glendora Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. FULL NAME Edward Deisel
(a) if veteran, name war No (b) Social Security No. None

MEDICAL CERTIFICATION
20. Date of death: Month APRIL day 17th
year 1948 hour 1 minute 30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, divorced, or ~~separated~~ married married
6. (b) Name of husband or wife Caroline Hake 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased April 29 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1, 1948, 19 , to APRIL 19, 1948; that I last saw him alive on APRIL 17th, 1948; and that death occurred on the date and hour stated above.
Immediate cause of death MYOCARDIAL INFARCTION ACUTE **1 day**

8. AGE: Years 71 Months 4 Days 29 If less than one day hr. _____ min. _____

Due to GENERALIZED ARTERIO-SCLEROSIS **10 years**
Due to 742-97

9. Birthplace Ripley, Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Board of Election
12. Name Frederick Deisel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Other conditions CONGESTIVE (CARDIAC) FAILURE **2 mo**
(Include pregnancy within 8 months of death)

Major findings of operation NONE
Major findings of autopsy NONE
Underline the cause to which death should be charged statistically.

16. (a) Informant's signature Edward Deisel
(b) Address 2907 Glendora Ave.
17. (a) Burial, cremation, or other: _____ (b) Date 4-20-48
(Month) (Day) (Year)
(c) Place Spring Grove Cemetery

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? _____

(d) Rudolph J. Quantz 4356A
(Name of Embalmer) (Lic. No.)
18. (a) Blanche A. Baiteau, Inc. 2208
(Signature of Funeral Director) (Lic. No.)
(b) Address 3412 Clifton Avenue

23. Signature Frank J. Podesta M.D.
(Specify if Doctor of Medicine or Osteopath)
Address 4252 Doctor's Bldg Date signed 4/24/48

19. (a) ADD 27 (b) R. E. Wehr M.D.
(Date received local registration) (Registrar's signature)