

OHIO DEPARTMENT OF HEALTH

42147

Reg. Dist. No. 392
Primary Reg. Dist. No. 8187COLUMBUS
CERTIFICATE OF DEATH
Department of Commerce — Bureau of the CensusState File No. _____
Registrar's No. 2859

1. PLACE OF DEATH:

- (a) County Columbus
- (b) Columbus
(City, Village, Township)
- (c) Name of hospital or institution:
University 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. 1618 Westwood Ave
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? _____ years.

FULL NAME Fluhren, John L.

(a) If veteran, name war World War I (b) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Olivet Fluhren 6. (c) Age of husband or wife if alive yes years

7. Birth date of deceased 1-3-1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52 6 14 hr. min.

9. Birthplace Adrian Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation Supt. of Camp

11. Industry or business Atty. Gen. of Ohio

12. Name John M. Fluhren

13. Birthplace Mich.

14. Maiden name Margaret Baner

15. Birthplace Mich.
(City, town, or county) (State or foreign country)

16. (a) Informant's signature Olivet Fluhren

(b) Address 1618 Westwood Ave.

17. (a) Burial, cremation, or other; (b) Date 7-20-46
(Month) (Day) (Year)

(c) Place St. Joseph

(d) Geo O. Ayman 4087 A
(Name of Embalmer) (Lic. No.)

18. (a) Geo O. Ayman 1520
(Signature of Funeral Director) (Lic. No.)

(b) Address 403 - E Broad St.

19. (a) 7-22-46 (b) Leo Wridel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month July day 17
year 1946 hour 2 minute 45 PM

21. I hereby certify that I attended the deceased from 7-15, 1946, to 7-17, 1946
that I last saw him alive on 7-17-46, 1946:
and that death occurred on the date and hour stated above. Duration

Immediate cause of death myocardial insufficiency

Due to myocardial infarction

Due to atherosclerotic coronary artery disease

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation

Major findings of autopsy coronary occlusion, myocardial infarction

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 John J. Conisbee
(Specify if Doctor of Medicine or Osteopathy)

Address University Hosp Date signed 7-17-46

Underline the cause to which death should be charged statistically.

Mother Father