

## OHIO DEPARTMENT OF HEALTH

60404

Reg. Dist. No. 286

COLUMBUS

State File No. \_\_\_\_\_

Primary Reg. Dist. No. 3116CERTIFICATE OF DEATH 5113Registrar's No. 8320

## 1. PLACE OF DEATH:

(a) County CUYAHOGA

(b) CITY OF CLEVELAND  
(City, Village, Township)

(c) Name of hospital or institution:  
3405 HILLCREST AVE.

(If not in hospital or institution, write street No. or location)

(d) Length of stay: in hospital or institution NONE  
(Days)

In this community \_\_\_\_\_  
(Years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State OHIO (b) County CUYAHOGA

(c) City or village CITY OF CLEVELAND  
(If outside city or village, write RURAL)

(d) Street No. 3405 HILLCREST AVE.  
3059  
(If rural, give location)

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

3. FULL NAME EDWARD D KUSEL

(a) If veteran, name war NONE (b) Social Security No. 272 05 100

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MATHA KUSEL 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased FEBRUARY 14 1886  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 5 If less than one day hr. min.

9. Birthplace CLEVELAND OHIO  
(City, town, or county) (State or foreign country)

10. Usual occupation ACCOUNTANT

11. Industry or business FERRI ENAMEL

12. Name VACLAV KUSEL

13. Birthplace BOHEMIA  
(City, town, or county) (State or foreign country)

14. Maiden name ANNA MAROUS

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

16. (a) Informant's signature Matha Kusel

(b) Address 3405 HILLCREST CLEVELAND OHIO

17. (a) Burial, ~~XXXXXXXXXXXX~~ (b) Date 10/23/1948  
(Month) (Day) (Year)

(c) Place BROOKLYN HTS CEM CLEVELAND OHIO

(d) RICHARD P HARTER 48514A  
(Name of Embalmer) (Lic. No.)

J MILTON BUSCH 78  
(Name of Funeral Director) (Lic. No.)

18. (a) G H BUSCH AND SON INC  
(Signature of Funeral Director) (Lic. No.)

(b) Address 234 PEARL RD. CLEVELAND 9 OHIO

19. (a) OCT 21 1948  
(Date received local registrar)

(b) Isabella Marotta  
(Registrar's signature)

DEPT

## MEDICAL CERTIFICATION

20. Date of death: Month OCTOBER day 20  
year 1948 hour 5 minute 40 PM

21. I hereby certify that I attended the deceased from March, 1944, to Oct 19, 1948  
that I last saw him alive on Oct. 19, 1948;

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate & metastasis

Due to 5113-2378

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operation \_\_\_\_\_

Major findings of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

## 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 B. J. Prozak MD

(Specify if Doctor of Medicine or Osteopathy)

Address OSBORN BLDG CLEVELAND OHIO

Date signed 10/21/1948