OHIO DEPARTMENT OF HEALTH
COLUMBUS

CERTIFICATE OF DEATH
Department of Commerce — Bureau of the Census

Reg. Dist. No. 5203 | Primary Reg. Dist. No. | State File No. 49946 | Registrar's No.

1. PLACE OF DEATH:
(a) County Mahoning
(b) Austintown Twp (City, Village, Township)
(c) Name of hospital or institution: 42 Lexington Place (If not in hospital or institution, write street No. or location)
(d) Length of stay: in hospital or institution (Days)
In this community Life (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County Trumbull
(c) City or village Warren (If outside city or village, write RURAL)
(d) Street No. 348 No. Park Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. FULL NAME William Joseph Rhiel
(a) If veteran, name war
(b) Social Security No. 296-10--4738

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gladys Jones Rhiel | 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 (Month) 30 (Day) 1901 (Year)

8. AGE: Years 44 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Youngstown (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Mgr. V. F. W. Canteen

11. Industry or business

Mother Father
12. Name William J. Rhiel
13. Birthplace Youngstown (City, town, or county) Ohio (State or foreign country)
14. Maiden name Mary Lyden
15. Birthplace Youngstown (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's signature Gladys Rhiel
(b) Address 348 No. Park Ave Warren, Ohio

17. (a) Burial, cremation, or other; (b) Date 8 (Month) 19 (Day) 46 (Year)
(c) Place Calvary Cemetery
(d) John F. McGovern (Name of Embalmer) 4351 A (Lic. No.)

18. (a) John F. McGovern (Signature of Funeral Director) 2867 (Lic. No.)
(b) Address 626 Belmont Ave

19. (a) 8-18-46 (Date received local registrar) (b) M. L. Pe (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month 8 day 16
year 1946 hour 5 minute 45 PM

21. I hereby certify that I attended the deceased from June 1, 1946, to Aug 16, 1946; that I last saw h/M alive on Aug 16, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: congestive Heart Failure	1 mo.
Due to chronic myocarditis	D.K.
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 Paul J. Mahan M.D. (Specify if Doctor of Medicine or Osteopathy)
Address 2005 Hillman Date signed 8-18-4