

OHIO DEPARTMENT OF HEALTH

 Reg. Dist. No. 286

COLUMBUS

 State File No. 18619

 Primary Reg. Dist. No. 5116

CERTIFICATE OF DEATH

 Registrar's No. 6530

1. PLACE OF DEATH:

(a) County Cuyahoga

(b) Cleveland
(City, Village, Township)

(c) Name of hospital or institution:
7414 Rutledge Ave.
(If not in hospital or institution, write street No. or location)

(d) Length of stay: in hospital or institution _____ (Days)
 In this community since birth (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Cuyahoga

(c) City or village Cleveland
(If outside city or village, write RURAL)

(d) Street No. 7414 Rutledge Ave.
7012 (If rural, give location)

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

3. NAME Edward William Sewer

(a) if veteran, name war --- (b) Social Security No. ---

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Caroline (c) Age of husband or wife if alive --- years

7. Birth date of deceased June 29, 1907
(Month) (Day) (Year)

8. AGE: Years 30 Months 1 Days 1 If less than one day hr. min.

MEDICAL CERTIFICATION

20. Date of death: Month July day 30 year 1947 hour 5 minute 00

21. I hereby certify that I attended the deceased from 7-24-47, 1947, to 7-30-47, 1947; that I last saw him alive on 7/29/47, 1947 and that death occurred on the date and hour stated above.

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

10. Usual occupation (Retired) Fire Warden

11. Industry or business City of Cleveland

12. Name Edward William Sewer Sr.

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

14. Maiden name Unknown

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

Immediate cause of death Carcinoma RT. Kidney 1 year

Due to metastatic lung

Due to 522-478

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.

16. (a) Informant's signature Mrs. Emma Sewer
 (b) Address 7414 Rutledge Ave.

17. (a) Burial, cremation, or other; (b) Date AUG. 2, 1947
(Month) (Day) (Year)

(c) Place West Park Cemetery

(d) Edward M. Cochran 4604-A
(Name of Embalmer) (Lic. No.)

18. (a) Edward M. Cochran 2941
(Signature of Funeral Director) (Lic. No.)

(b) Address 2837 Holmden Ave.

19. (a) AUG 2 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature]
(Specify if Doctor of Medicine or Osteopathy)

Address _____ Date signed _____