

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

63128

1 PLACE OF DEATH

County Hamilton

Registration District No. 494

File No.

Township

Primary Registration District No. 5227

Registered 6412

or Village

No. _____ St. _____ Ward _____

or City of Cincinnati

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs _____ mos _____ ds.

How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.

2 FULL NAME August Schallick

Did Deceased Serve in U. S. Navy or Army (28)

(a) Residence. No. 3010 Henshaw St., _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flore Zimmerman Schallick

6. DATE OF BIRTH (month, day, and year) 4-29-1858

7. AGE Years 79 Months 7 Days - If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as Retired Policeman

9. Industry or business in which work was done, as mill

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Do Not Know

14. BIRTHPLACE (city or town) (State or country) Do

15. MAIDEN NAME Do Not Know

16. BIRTHPLACE (city or town) (State or country) Do

17. The Signature of Informant Anna May Schallick and (Address) 3010 Henshaw Ave

18. BURIAL, CREMATION, OR REMOVAL Place St. Joe Old Date 11-2-1937

19. FUNERAL DIRECTOR (Address) Wirth, Stearns & Co. 770 Cincinnati Ohio

19a. Was body embalmed? Yes Embalmer's Lic. No. 4280A

20. DATE NOV 1 - 1937 Registrar Carroll M. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 1 1937

22. I HEREBY CERTIFY, That I attended deceased from October 17th 1937 to October 22nd 1937

I last saw him alive on October 18 1937; death is said to have occurred on the date stated above at 2:50 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Myocardial Infarction
Atherosclerosis
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CONTRIBUTORY CAUSES of importance not related to principal cause:
Chronic Bright's Disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Dr. Arthur ... M. D.
Date Nov 1 1937 Address 2920 Colman