

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

1 PLACE OF DEATH
31 County Hamilton Registration District No. 794 File No. 3188
Township _____ Primary Registration District No. 227 Registered _____
or Village _____ No. THE DEACONESS HOSPITAL (8) St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
31
or City of Cincinnati
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 Mr. Joseph Sommer Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 2515 Auburn Avenue 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, Write the word Widowed or Divorced Widowed
3a. If Married, Widowed, or Divorced Husband of (or) Wife of Anneline Sommer
6. DATE OF BIRTH (month, day, and year) Nov-20-1858
7. AGE (years) Months Days If LESS than 1 day... hrs. or... min. 79
8. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. Richard Beuchell (599)
9. Industry or business in which work was done, as Hotel Prop.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 133

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-16 1938
22. I HEREBY CERTIFY, That I attended deceased from 1918 1938, to 1-16 1938.
I last saw him alive on 1-16 1938, death is said to have occurred on the date stated above at 3⁰⁰ p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Hypertension & Arteriosclerosis Date of onset 1918

CONTRIBUTORY CAUSES of importance not related to principal cause:
Urinary Fistula

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
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) Harry M. Box H. T. Plim M. D.

Date 1-17 1938 Address Cabene Tower

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (city or town) Columbia (State or country) N.Y.
13. NAME John Sommer
14. BIRTHPLACE (city or town) Germany (State or country) _____
15. MAIDEN NAME Mary Haberman
16. BIRTHPLACE (city or town) Germany (State or country) _____
17. INFORMANT The Signature of Mrs. J. W. Clark and (Address) Cleveland - Ohio
18. BURIAL, CREMATION, OR REMOVAL Highland Cem. Date Jan 19 1938
19. FUNERAL FIRM Allison & Rose
19a. BURIED BY Bernard Berger L.I. 74 2/19/38
Address Columbus 7th
19b. EMBALMER Donald 1/19/38
20. FILED 19 1938 Cincinnati Registrar.