

## OHIO DEPARTMENT OF HEALTH

28595

COLUMBUS

State File No. —

Reg. Dist. No. 286

## CERTIFICATE OF DEATH

Registrar's No. 4105Primary Reg. Dist. No. 118

Department of Commerce — Bureau of the Census

## 1. PLACE OF DEATH:

(a) County CUYAHOGA(b) CLEVELAND  
(City, Village, Township)(c) Name of hospital or institution:  
THE CLEVELAND CLINIC HOSPITAL

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

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community 57 yrs  
(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. 12931 SHAKER BLVD.,  
(If rural, give location)

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

3. NAME CHARLES W. STAGE(a) If veteran, name war \_\_\_\_\_ (b) Social Security No. 714-07-17964. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER6. (b) Name of husband or wife Miriam R. Stage 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Nov 26-1868  
(Month) (Day) (Year)8. AGE: Years 77 Months 5 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Painesville Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Attorney12. Name Stephen R. Stage13. Birthplace New York  
(City, town, or county) (State or foreign country)14. Maiden name Jessie M. Knight15. Birthplace Ontario Canada  
(City, town, or county) (State or foreign country)16. (a) Informant's signature C. W. Stage(b) Address 3335 Greenwood Rd17. (a) Burial, cremation, or other; (b) Date May 18-1946  
(Month) (Day) (Year)(c) Place Highland Rd Cemetery(d) G. J. Erick 1953775  
(Name of Embalmer) (Lic. No.)(d) G. J. Erick 602  
(Name of Embalmer) (Lic. No.)18. (a) G. J. Erick 602  
(Signature of Funeral Director) (Lic. No.)(b) Address 1822 E 82nd St.19. (a) MAY 17 1946 Isabelle Marotta  
(Date received local registrar) (Registrar's signature)Address 2045 E. 90th St.

## MEDICAL CERTIFICATION

20. Date of death: Month MAY 17th day \_\_\_\_\_  
year 1946 hour 12:55 minute A.M.21. I hereby certify that I attended the deceased from May 16th, 1946, to May 17th, 1946  
that I last saw him alive on May 16th, 1946  
and that death occurred on the date and hour stated above. Duration \_\_\_\_\_Immediate cause of death Coronary Occlusion 1/2 hrDue to Coronary Arterio Sclerosis

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings of operation noneMajor findings of autopsy not completed

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 John T. ...  
(Specify if Doctor of Medicine or Osteopathy)Address 2045 E. 90th St. Date signed 5-17-46