Form V. S. No. 11 200M—6-10-12

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County of Hamilton

Township of ..... Registration District No. 494 File No. 22331

or

Village of ..... Primary Registration District No. 8227 Registered No. 2398

or

City of Cincinnati (No. 31 W. 6th St. St., 6 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME John Weihe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: November 13 (Month) (Day) 1862 (Year)

7 AGE: 51 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Bralownkeeper
(b) General nature of industry, business, or establishment in which employed (or employer): —

9 BIRTHPLACE (State or country): Cincinnati

PARENTS

10 NAME OF FATHER: William Weihe

11 BIRTHPLACE OF FATHER (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christina Mausteadt

13 BIRTHPLACE OF MOTHER (State or country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lena Weihe

(Address) 31 W. 6th St.

15 APR 20 1914 191 Ewalter Evans Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 16 (Day) 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1914, to April 16, 1914, that I last saw him alive on April 16, 1914, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Acute Cellulitis of the neck (Ludwig's angina?) not Erysipelas not puerperal — an unknown bacterial infection.

(Duration) ..... yrs. ..... mos. 4 ds.

Contributory (SECONDARY) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) Frederick W. Lamb, M. D.

April 18, 1914 (Address) 24 E. 8th St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Spring Grove Ave.

DATE OF BURIAL: April 20, 1914

20 UNDERTAKER: C. G. Spaeth

ADDRESS: 3841 Spg Grove Ave

11—3184

N. B.—Every item of information should be carefully supplied. Exact CIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.