OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 286 — State File No. 53547
Primary Reg. Dist. No. — Registrar's No. C495

MARGIN RESERVED FOR BINDING

THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

V.S. 11

1. PLACE OF DEATH
a. COUNTY: Cuyahoga
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Cleveland
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): 2118 W. 59th St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Ohio
b. COUNTY: Cuyahoga
c. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Cleveland
d. STREET (If rural, give location) ADDRESS: 2118 W. 59th St

3. NAME OF DECEASED (TYPE OR PRINT): a. (First) Edward b. (Middle) C. c. (Last) Zmich

4. DATE OF DEATH (Month) (Day) (Year): Aug - 20 - 1950

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Oct-1-1884

9. AGE (In years last birthday): 65
Under 1 Year: Months / Days
If Under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Bar Tender

11. BIRTHPLACE (State or foreign country): Cleveland O.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Mat Zmich

14. MOTHER'S MAIDEN NAME: Rose Kronenbitter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?:

16. SOCIAL SECURITY NO.: 282-10-9527

17. INFORMANT'S SIGNATURE: Mary Zmich

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8-20-50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cirhosis of Liver — 3 yrs.
DUE TO (c): 5810

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.):
21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to 8-20, 1950, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): M. J. Ratzer M.D.
23b. ADDRESS: 13506 Lorain
23c. DATE SIGNED: 8-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-23-50
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's W 41st
24d. LOCATION (City, town, or county) (State): Cleveland, O.

BIRTH NO.
Do not write in this space

NAME OF EMBALMER: Walter J. O'Berg (LIC. NO.) 3589

DATE REC'D BY LOCAL REGISTRAR: AUG 22 1950
REGISTRAR'S SIGNATURE: Isabelle Marotta DEPUTY

25. FUNERAL DIRECTOR'S SIGNATURE: Walter J. O'Berg (LIC. NO.) 306