

COPY

OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

Reg. Dist. No. 4701  
Primary Reg. Dist. No. 4701

State File No. \_\_\_\_\_  
Registrar's No. 246

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <u>Lorain</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Lorain</u>		
b. CITY, VILLAGE, OR LOCATION <u>Lorain</u>		c. LENGTH OF STAY IN 1b <u>4 weeks</u>		c. CITY, VILLAGE, OR LOCATION <u>Amherst</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) <u>St. Joseph Hospital</u>			d. STREET ADDRESS <u>608 North Leavitt Road</u>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (TYPE OR PRINT) First Middle Last <u>Naomi J. Krupp</u>			4. DATE OF DEATH Month Day Year <u>5 7 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 7-1921</u>	9. AGE (In years last birthday) <u>37</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brookside School</u>		11. BIRTHPLACE (State or foreign country) <u>Henrietta Ohio</u>	
13. FATHER'S NAME <u>Edward Kothe</u>			14. MOTHER'S MAIDEN NAME <u>Ester Kothe Obitts</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE Address <u>Jos Krupp Amherst, O.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of cervix with metastasis</u>  Conditions, if any which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Bladder and secondary uremia</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					INTERVAL BETWEEN ONSET AND DEATH <u>2 year</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, VILLAGE, OR LOCATION COUNTY, STATE	
21. I attended the deceased from <u>Feb. 8th</u> to <u>May 7, 1958</u> and last saw <u>her</u> alive on <u>12:00 AM</u> Death occurred at <u>3:20 PM</u> m on the date stated in 4; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Howard A. Keiser, M.D.</u>			22b. ADDRESS <u>325 Broadway Bldg.</u>		22c. DATE SIGNED <u>May 8, 1958</u>
23a. BURIAL, CREMATION. (Specify) <u>Burial</u>		23b. DATE <u>5-10-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		23d. LOCATION (City, town, or county) (State) <u>Lorain, Ohio</u>
24. NAME OF EMBALMER (LIC. NO.) <u>Donald Zilch 5559 A</u>		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>Geo. W. Cooley 457</u>			
26. FUNERAL FIRM AND ADDRESS (STREET NO.) <u>Reichlin-Cooley 2920 Broadway</u>			27. DATE REC'D BY LOCAL REG. <u>5-8-58</u>		28. REGISTRAR'S SIGNATURE <u>I. C. Riggin</u>
			29. SUB-REGISTRAR'S SIGNATURE		

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