

OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce—Bureau of the Census

Reg. Dist. No. 153Primary Reg. Dist. No. 1339State File No. 23046Registrar's No. 167

1. PLACE OF DEATH:

(a) County Lorain(b) Lorain
(City, Village, Township)(c) Name of hospital or institution:
St. Josephs Hospital(d) Length of stay: In hospital or institution 28 days
(If not in hospital or institution, write street No. or location)In this community 38 years
(Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Lorain(c) City or village Lorain
(If outside city or village, write RURAL.)(d) Street No. 708 West 20th St.,
(If rural, give location)(e) If foreign born, how long in U. S. A.? - years.

FULL

3. NAME EMMA KRUPP(a) If veteran, name war - (b) Social Security No. -4. Sex Female race White 5. Color or divorced married
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased Nov. 2, 1880
(Month) (Day) (Year)8. AGE: Years 64 Months 5 Days 15 If less than one day hr. min.9. Birthplace SALEM TWP. Ohio
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Reister13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Brumaker15. Birthplace Maryland
(City, town, or county) (State or foreign country)16. (a) Informant's signature Chas a Krupp
(b) Address 708 West 20th St.,17. (a) Burial, interment, or other; (b) Date 4/30/45
(Month) (Day) (Year)(c) Place Our Lady Consolation Cemeter
Carey, Ohio.(d) Geo Z Drimble 3678 A
(Name of Embalmer) (Lic. No.)18. (a) M J Scanlan 1539
(Signature of Funeral Director) (Lic. No.)(b) Address 2100 Bdwy., Lorain, Ohio19. (a) 4-27-45 (b) Valloy Adair
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month APR. day 27
year 1945 hour 4 minute 05 AM.21. I hereby certify that I attended the deceased from MAR.
1945 to APR. 27, 1945:
that I last saw her alive on APR. 27, 1945:
and that death occurred on the date and hour stated above. DurationImmediate cause of death CARCINOMA of CECUM
SECONDARY ANEMIA 2 mon.
3 mon.Due to 462

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operation

Major findings of autopsy

Underline
the cause to
which death
should be
charged sta-
tistically.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 Jerald J Krupp M.D.
(Specify if Doctor of Medicine or Osteopathy)Address 2703 Bodway Date signed 4/22/45MARGIN RESERVED FOR BINDING
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

V.S. II