

59177

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

22817

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No.

Township

Primary Registration District No. 8187

Registered No. 1616

or Village

No. Ohio Pen.

St. Ward

or City of Columbus

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred..... yrs..... mos..... ds.

How long in U. S., if of foreign birth?..... yrs..... mos..... ds.

2 FULL NAME Edward Loschelder

Did Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

St., Ward.

Cuyahoga Co.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Gertrude Loschelder

6. DATE OF BIRTH (month, day, and year) Apr. 27, 1891

7. AGE 38 Years Months Days If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric spot welding 9. Industry or business in which work was done, as silk mill saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Canton, Ohio
(State or country)

MOTHER FATHER 13. NAME William Loschelder

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Kathyrne Berkley

16. BIRTHPLACE (city or town) New York
(State or country)

17. The Signature of INFORMANT and (Address) Louis Loschelder
Brewster Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Canton O. Date Apr 23 1930

19. UNDERTAKER Walter Hugg
(Address) Canton Ohio

19a. Was body embalmed yes Embalmer's No. 2492 A

20. FILED 4/23, 1930 J. W. Keegan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 21, 1930

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... death is said to have occurred on the date stated above at 6 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Conflagration
Ohio penitentiary

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Cancer

(Signed) Joseph A. Murphy M. D.

(Address) 1450 Mt Vernon Ave