

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

23010

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No.

Township

Primary Registration District No. 8187

Registered No. 1839

or Village

No. Ohio Penitentiary

St.

Ward

or City of Columbus, Ohio

(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 7 yrs. 8 mos. ds.

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

2 FULL NAME Emil Pintner

Did Deceased Serve in

U. S. Navy or Army

(a) Residence. No.

St.

Ward

Cuyahoga County

(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) Single

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

6. DATE OF BIRTH (month, day, and year) unknown

7. AGE Years 31 Months Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

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) (State or country) Cleveland Ohio

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT The Signature of Ohio Pen and (Address) Cols Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Cleveland Ohio Date 4-26-1930

19. UNDERTAKER Ala Rusynyk (Address) Cleveland

19a. Was body embalmed yes Embalmer's No. 24924

20. FILED 4/25 1930 JW Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him alive on 19, death is said

to have occurred on the date stated above at 6.00 PM

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

Date of onset

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

(Signed) Joseph A. Murphy M. D.

(Address) 1450 West Vernon Ave