

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

1 PLACE OF DEATH

County Franklin Registration District No. 392 File No. 22810
Township _____ Primary Registration District No. 879 Registered No. 1638
or Village _____ No. _____ Ohio Penitentiary St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus, Ohio
Length of residence in city or town where death occurred 2 yrs 11 mos _____ ds. How long in U. S., if of foreign birth? _____ yrs _____ mos _____ ds.

2 FULL NAME Emil Tischler

(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) <u>unknown</u>				
7. AGE 27	Years	Months	Days	If LESS than 1 day _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as <u>spinner, sawyer, bookkeeper, etc.</u> Labourer			
	9. Industry or business in which work was done, as <u>silk mill saw mill, bank, etc.</u>			
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) <u>Cleveland, Ohio</u>				
MOTHER FATHER	13. NAME <u>Steve Zischer</u>			
	14. BIRTHPLACE (city or town) (State or country) <u>Austria</u>			
	15. MAIDEN NAME <u>Cath. Schuster</u>			
	16. BIRTHPLACE (city or town) (State or country) <u>Austria</u>			
17. INFORMANT The Signature of <u>Elsie Muller</u> and (Address) <u>Cleveland - O</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cleveland</u> Date <u>4-25-30</u>				
19. UNDERTAKER <u>Elsie Muller (sister)</u> (Address) <u>Cleveland - O</u>				
19a. Was body embalmed <u>yes</u> Embalmer's No. <u>24924</u>				
20. FILED <u>4/23, 1930</u> <u>JW Keegan</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (month, day, year) <u>April 21, 1930</u>	
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 <u>6.00 PM</u>	
The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Conflagration</u> <u>Ohio Penitentiary</u>	
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) <u>Joseph A. Murphy</u> M. D. (Address) <u>1450 Mt Vernon Ave</u>	