

53703

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

22942

1 PLACE OF DEATH

County Franklin

Registration District No. 392

File No. 22942

Township

Primary Registration District No. 8187

Registered No. 1741

or Village

No. Ohio Penn

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 Frank Neubauer

Did Deceased Serve in U. S. Navy or Army

(a) Residence. No.

St. Ward

Hamilton Co
(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 Carrie Neubauer

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

7. AGE Years 34 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. Truck driver 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) Ohio

MOTHER FATHER 13. NAME Guss Neubauer

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

15. MAIDEN NAME Katheryn Wittum

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

The Signature of 17. INFORMANT William Hellmuth and (Address) 1450 Nuttman Ave Columbus Ohio

18. BURIAL, CREMATION, OR REMOVAL Place Columbus Date 4-25-1938

19. UNDERTAKER Guss Gildenhues (Address) Ohio Columbus

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

20. FILED 4/24 1938 JW Keegan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr 21 1938

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 P. m.

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

Conflagration
Ohio Penn

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 Nuttman Ave