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APR 28 1935

I HEREBY CERTIFY THAT THIS IS AN EXACT COPY OF THE ORIGINAL RECORD WHICH IS REGISTERED AND PRESERVED IN VITAL STATISTICS, OHIO DEPARTMENT OF HEALTH. WITNESS MY SIGNATURE AND THE SEAL OF THE DEPARTMENT.

John H. Conner
STATE REGISTRAR OF VITAL STATISTICS

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

1 PLACE OF DEATH
County Ham Registration District No. 37555 File No. 37555
Township ~~Channahon~~ Primary Registration District No. 37555 Registered No. 2853
or Village ~~Channahon~~ No. Bethesda St. St. Bernard Ward 0
(If death occurred in a hospital or institution, give its name, instead of street and number)
or City of CINCINNATI
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. Did Deceased Serve in U. S. Navy or Army 0
2 FULL NAME Bertha Hutzler (If nonresident give city or town and State)
(a) Residence. No. 5002 St. St. Bernard Ward 0
Wm
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Edward J. Hutzler
6. DATE OF BIRTH (month, day, and year) Aug. 2 - 1890
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 04 10 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill saw mill, bank, etc. WV
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 29, 1935
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to June 27, 1935
I last saw her alive on June 29, 1935 death is said to have occurred on the date stated above at 1:30 p. m.
THE PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
Carcinoma of Cervix
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CONTRIBUTORY CAUSES OF importance not related to principal cause: None

12. BIRTHPLACE (city or town) (State or country) Cin. Ohio
13. NAME Friedrich Rheinacker
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Elizabeth Schumard
16. BIRTHPLACE (city or town) (State or country) Germany
The Signature of Edward A. Hutzler
17. INFORMANT and (Address) 6109 Byzantium
18. BURIAL, CREMATION, OR REMOVAL Place St. Brong Date July 2, 1935
19. FUNERAL DIRECTOR John H. Hutzler Lic. No. 870
(Address) 7401 W. 80 St. E. E. 11th
19a. Was body embalmed? yes Embalmer's Lic. No. 3656-A
20. FILED 1935 Registrar Walter W. ... Date 31, 1935 Address St. Bernard

Name of operation Abdominal Date of 6/17-35
What test confirmed diagnosis? — Was there an autopsy? Yes
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 — M. D. —
(Signed) W. H. ...
Address St. Bernard