

I hereby certify this to be a true certified copy of the certificate on file with the Cincinnati Board of Health. Date Issued: _____

SEP 14 1993

Richard L. Howard M.B.A.
Local Registrar, City of Cincinnati
Assistant Commissioner of Health

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

1 PLACE OF DEATH

County _____ Registration District No. _____ File No. _____
Township _____ Primary Registration District No. _____ Registered No. **5089**
or Village _____ No. **General Hospital** St. _____ Ward _____
or City of _____ (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME **Catharine Jungclas**

Did Deceased Serve in
U. S. Navy or Army _____

(a) Residence No. **2913 Henshaw Ave** St. **22** Ward _____

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 Single, Married, Widowed or Divorced (write the word) **Widow**

5a If married, widowed or divorced (HUSBAND of (or) WIFE of) **Henry Jungclas**

6 DATE OF BIRTH (month, day, and year) **Feb 25-1844**

7 AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
84 **5** **33**

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Housework**

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) **Cincinnati**
(State or country) **Ohio**

10 NAME OF FATHER **Christ Schutzmann**

11 BIRTHPLACE OF FATHER (city or town) **Muerenburg**
(State or country) **Germany**

12 MAIDEN NAME OF MOTHER **Elizabeth-Unknown** 8-20-28 (Address) **Coroner**

13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) **Muerenburg Germany**

14 Informant **Geo Jungclas**
(Address) **8377 Curzon Ave**

15 **Aug 20 1928** **E Walter Evans**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) **Aug 17-28**

17 I HEREBY CERTIFY, That I attended deceased from _____ :9 _____ to _____ 19____

that I last saw him _____ alive on _____ 19____

and that death occurred, on the date stated above, at **10:50 P.M.**

The CAUSE OF DEATH* was as follows: **1883**

Shock & hemorrhage-crushed chest-Auto acc

Pedestrian

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ da.

18 Where was disease contracted, if not at place of death? **Township & Colerain**

Did an operation precede death? _____ Date of _____

Was there an autopsy? **NO**

What test confirmed diagnosis? **History**

(Signed) **Frederick Swing** M. D.

(Address) **Coroner**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE of Burial, Cremation, or Removal DATE OF BURIAL

Prot Carthage Rd Cem **8-21-28**

20 UNDERTAKER ADDRESS **1431 Main St**
Wassmann & Barfknecht

20a WAS THE BODY EMBALMED? **Yes** LICENSE NO. **A 3778**