

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**

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

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

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

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 h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_

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

The CAUSE OF DEATH\* was as follows: **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.

**8-20-28** (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 **Prot Carthage Rd Cem** DATE OF BURIAL **8-21-28**

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

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