

OHIO DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

Reg. Dist. No. 48
Primary Reg. Dist. No. 4801State File No. 10623
Registrar's No. 2371

1. PLACE OF DEATH a. COUNTY <u>Lucas</u>			2. USUAL RESIDENCE (Where reported lived, if institution; residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Lucas</u>		
b. CITY (If outside corporate limits, write RURAL OR and give township) VILLAGE <u>Toledo</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL, and give township) VILLAGE <u>Toledo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hosp. DOA</u>			d. STREET (If rural, give location) ADDRESS <u>513 E. Central Ave.</u>		
3. NAME OF DECEASED (Type or print) a. (First) <u>Helen</u> b. (Middle) <u>Wrzesinski</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 28, 1884</u>	9. AGE (In years last birthday) <u>67</u>	10. Under 1 Year Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Peter Jankowski</u>			14. MOTHER'S MAIDEN NAME <u>Dorothy Woznacki</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE <u>Helen Wrzesinski</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid condition, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	DUE TO (b) <u>260X</u>				
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Hot <input type="checkbox"/> White <input type="checkbox"/> or <input type="checkbox"/> Work	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-13, 1952</u> to <u>7-4, 1952</u> and that death occurred at <u>m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Helen Wrzesinski</u>			23b. ADDRESS <u>3034 1/2 S. ...</u>	23c. DATE SIGNED <u>7/7/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7 July 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Toledo, Ohio</u>		
BIRTH NO.	Do not write in this space		NAME OF EMBALMER <u>William A. Urbanski</u>	(LIC. NO.) <u>4828 A. 0182</u>	
DATE REC'D BY LOCAL <u>JUL 9 1952</u>	REGISTRAR'S SIGNATURE <u>Carl ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William A. Urbanski</u>	(LIC. NO.) <u>3314</u>	

MARGIN RESERVED FOR BINDING
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

v.s. 11

BORN - Oct 28, 1884
 DIED - July 4, 1952
 FATHER PETER JANKOWSKI
 MOTHER DOROTHY WOZNACKI