

1 PLACE OF DEATH

County Hamilton

Township

or Village

or City of Cincinnati

Length of residence in city (less than death occurred) yrs. mos. ds.

2 FULL NAME John Heilman

(a) Residence

No. 157Sheep Lane

St.

Ward

(Usual place of abode)

No. 494

Registration District No.

Primary Registration District No. 8227File No. 13836Registered No. 4180

No.

St. 105 Ward

(If death occurred in a hospital or institution, give its name instead of street and number)

Did Deceased Serve in

U. S. Navy or Army

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR W 5. SINGLE MARRIED. Write the wordMarried

5E If Married, Widowed, or Divorced

Husband of (or) Wife of Caroline Fuchs6. DATE OF BIRTH (month, day, and year) Aug 10 - 18717. AGE (years) Months Days If LESS than 1 yr. hrs. or min. 68

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

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) Ohio13. NAME Bernard Heilman14. BIRTHPLACE (city or town) (State or country) Germany15. MAIDEN NAME Helena Tegeder16. BIRTHPLACE (city or town) (State or country) Germany17. THE SIGNATURE OF INFORMANT and (Address) Caroline Heilman18. BURIAL, CREMATION OR REMOVAL Place Home St. Date July 22, 194019. FUNERAL FIRM Sweet's19a. BURIED BY " Address "19b. EMBALMER " U. S. No. 166420. FILED JUL 25 1940 Registrar Go. Beck

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 19, 194022. I HEREBY CERTIFY, that I attended deceased from May 5, 1940 to July 19, 1940I last saw him alive on May 11, 1940 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:

Cardiovascular DiseaseCoronary occlusion

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

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) H. P. Damerow M. D.Address 2125 Sycamore St. Cincinnati, Ohio

SAYLOR PARK,