

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE RECORD ON FILE WITH THE OHIO DEPARTMENT OF HEALTH.

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Herman C. Butler
 HERMAN C. BUTLER, STATE REGISTRAR
 OFFICE OF VITAL STATISTICS
 WITNESS MY SIGNATURE & SEAL

OHIO DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Reg. Dist. No. 18 State File No. 068604
 Primary Reg. Dist. No. 1801 Registrar's No. 8115

1. PLACE OF DEATH a. COUNTY <u>Cuyahoga</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>Cuyahoga</u>	
b. CITY (If outside corporate limits, write RURAL OR and give township VILLAGE) <u>Cleveland</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR VILLAGE <u>Cleveland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oakwood Sanitarium</u>		d. STREET (If rural, give location) ADDRESS <u>6514 Fullerton Avneue</u>	

3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>MARION</u> b. (Middle) <u>(Maryan)</u> c. (Last) <u>ROGALSKI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 6, 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 8, 1872</u>	9. AGE (In years last birthday) <u>84 yrs</u>	Under 1 Year Months Days Hours Min.	If Under 24 Hrs.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shop</u>	11. BIRTHPLACE (State or foreign country) <u>Poland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13. FATHER'S NAME <u>John Rogalski</u>	14. MOTHER'S MAIDEN NAME <u>Katarzyna (Unknown)</u>
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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 Hassing</u> 6514 Fullerton
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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, asbestia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>491X</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>491X</u>
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22. I hereby certify that I attended the deceased from 9-19, 1958, to 10-6, 1958, and that death occurred at 5.40 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Boesmer</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>6106 Memphis Ave</u>	23c. DATE SIGNED <u>Oct. 6, 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 10, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cleveland, Ohio</u>
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Sub-Registrar's Signature	NAME OF EMBALMER <u>Florian J. Golubski</u> (LIC. NO.) <u>5007A</u>
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DATE REC'D BY LOCAL REG. <u>Oct 8 1958</u>	REGISTRAR'S SIGNATURE <u>H. E. Boesmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Adalubala</u> (LIC. NO.) <u>4852</u>
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