VERIFY PRESENCE OF ODH WATERMARK HOLD TO LIGHT TO VIEW

Reg. Dist. No. 18
Primary Reg. Dist. No. 1801

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

4200

State File No.
Registrar's No. 8187

1. PLACE OF DEATH
a. COUNTY: CUYAHOGA
b. CITY, VILLAGE, OR LOCATION: CLEVELAND
c. LENGTH OF STAY IN 1b
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Apt. 2, 3440 W. 25th St.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES X NO

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE: OHIO
b. COUNTY: CUYAHOGA
c. CITY, VILLAGE, OR LOCATION: CLEVELAND
d. STREET ADDRESS: 3440 WEST 25th STREET
e. IS RESIDENCE INSIDE CITY LIMITS? YES X NO
f. IS RESIDENCE ON A FARM? YES NO X

3. NAME OF DECEASED (TYPE OR PRINT): First ANTON Middle Last DERANEK
4. DATE OF DEATH: Month Day Year Oct. 10, 1961
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: 5/17/1882
9. AGE (In years last birthday): 79 yrs. If Under 1 Year: Months Days If Under 24 Hrs: Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Cleveland, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Casimir Deranek
14. MOTHER'S MAIDEN NAME: Bertha Gizewski
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes Spanish-American
16. SOCIAL SECURITY NO.: 269-20-3360
17. INFORMANT'S SIGNATURE: Martha Deranek Address: 3440 W. 25th St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a): Probable arteriosclerotic heart disease.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)
20c. TIME OF INJURY: Hour Month Day Year
20d. INJURY OCCURRED: WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., on or about home, farm, factory, street, office bldg., etc.)
20f. CITY, VILLAGE, OR LOCATION COUNTY STATE

3049

21. I attended the deceased from viewed after death and last saw her/him alive on Officially pronounced dead 3:00 P. on the date stated in 4, and to the best of my knowledge, from the cause stated.

22a. SIGNATURE: [signature] (Degree or title) M.D. Coroner
22b. ADDRESS: 2121 Adelbert Road
22c. DATE SIGNED: 10-13-61

23a. BURIAL, CREMATION (Specify): Burial
23b. DATE: Oct. 13, 1961
23c. NAME OF CEMETERY OR CREMATORY: Highland Park Cemetery
23d. LOCATION (City, town, or county) (State): Cleveland, Ohio

24. NAME OF EMBALMER: Florian J. Golubski (LIC. NO.) 5007 A
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] (LIC. NO.) 3568
26. FUNERAL FIRM AND ADDRESS: Golubski Funeral Home (STREET NO.) 5986 Ridge Road (CITY) Parma, (STATE) Ohio
27. DATE REC'D BY LOCAL REG.: OCT 1 1961
28. REGISTRAR'S SIGNATURE: [signature]
29. SUB-REGISTRAR'S SIGNATURE: [signature] 10/12/61

MEDICAL CERTIFICATION