

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Cuyahoga Registration District No. 8116 File No. 58970  
Township Cuyahoga Primary Registration District No. 8531 Registered No. 8531  
or Village Cleveland No.        St.        Ward         
or City of Cleveland (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Magmier Beranek Did Deceased Serve in U. S. Navy or Army         
(a) Residence No. 6916 Atwa St.        Ward         
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 Single, Married, Widowed or Divorced (write the word) married

5a If married, widowed or divorced HUSBAND of Bertha Beranek

6 DATE OF BIRTH (month, day, and year) Aug 15 1884

7 AGE Years 82 Months        Days        If LESS than 1 day        hrs. or        min.

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) American Steak  
(c) Name of employer Wine Co

9 BIRTHPLACE (city or town) Poland  
(State or country)

10 NAME OF FATHER Jozef Beranek

11 BIRTHPLACE OF FATHER (city or town) Poland  
(State or country)

12 MAIDEN NAME Catharine Sully

13 BIRTHPLACE OF MOTHER (city or town) Poland  
(State or country)

14 Informant Bertha Beranek  
(Address) 6916 Atwa St.

15 Filed OCT 4 1923 J. J. Deegan  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct 17 1923

17 I HEREBY CERTIFY, That I attended deceased from August 1, 1923, to Oct 17, 1923  
that I last saw him alive on Feb 16, 1923  
and that death occurred, on the date stated above, at 6:10 P.M.

The CAUSE OF DEATH\* was as follows:  
Bronchitis caused by chronic nephritis  
(duration) 2 yrs.        mos.        ds.

CONTRIBUTORY (SECONDARY)         
(duration)        yrs.        mos.        ds.

18 Where was disease contracted         
if not at place of death?

Did an operation precede death?        Date of       

Was there an autopsy?       

What test confirmed diagnosis?         
(Signed) J. P. Mical, M. D.  
Oct 18 1923 (Address) 7211 Broadway

\*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 Heart of Mary DATE OF BURIAL Oct 22 1923

20 UNDERTAKER, License No. Joseph Wolulski ADDRESS 6508 Fullerton  
1866a

OCCUPATION is very important. See instructions on back of certificate.