

leg. Dist. No. 1804 OHIO DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS State File No. 20228
 Primary Reg. Dist. No. _____ CERTIFICATE OF DEATH Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>Cuyahoga</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before adm.) a. STATE <u>Ohio</u> b. COUNTY <u>Cuyahoga</u>	
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and township) <u>East Cleveland</u>	c. LENGTH OF STAY (in this place)	c. CITY OR VILLAGE (If outside corporate limits, write RURAL and township) <u>East Cleveland</u>	d. STREET (If rural, give location) ADDRESS <u>14014 Woodworth Rd</u>
3. FULL NAME OF HOSPITAL OR INSTITUTION <u>14014 Woodworth Rd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1955</u>	

NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>HENRY</u> b. (Middle) <u>HARNICK</u> c. (Last) <u>HARNICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1955</u>	
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>Aug 16, 1896</u>
9. AGE (In years last birthday) <u>58</u>		10. BUSINESS OR INDUSTRY <u>Construction</u>	
11. PLACE (State or foreign country) <u>Buffalo N.Y.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Henry Harnick</u>		14. MOTHER'S MAIDEN NAME <u>Mathilda Heinz</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>Yes</u>		16. SOCIAL SECURITY NO. <u>283-10-3503</u>	
17. INFORMANT'S SIGNATURE <u>Margaret Harnick</u>			

CAUSE OF DEATH Enter only one cause line for (a), (b), or (c) <i>This does not mean mode of dying, but heart failure, pneumonia, etc. It may be the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cocciemia of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Oct 1954</u>
	ANTECEDENT CAUSES Morbid conditions, if any, DUE TO (b) _____ giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>151X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19b. MAJOR FINDINGS OF OPERATION <u>Diffuse involvement of stomach & colon</u>	
18. DATE OF OPERATION <u>11-18-55</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
19. ACCIDENT SUICIDE HOMICIDE (Specify)	21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)	21b. CITY, VILLAGE, OR TOWNSHIP (COUNTY)	(STATE)
19. TIME (Month) (Day) (Year) (Hour) OF INJURY	21c. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21d. HOW DID INJURY OCCUR? <u>0501</u>	

I hereby certify that I attended the deceased from 10-16-52, 1952, to 5-8-55, 1955, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Death or time) <u>James St. Monreal</u>	23b. ADDRESS <u>1504 Kamea Bldg</u>	23c. DATE SIGNED <u>5-9-55</u>
24b. DATE <u>May 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Cleveland Ohio</u>
NAME OF EMBALMER (LIC. NO.) <u>James St. Monreal 5310A</u>	25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>James St. Monreal 4218</u>	
26. FIRM AND ADDRESS (STREET NO.) <u>The Monreal Co 11005 St Clair Ave</u>	(CITY) <u>Cleveland</u>	(STATE) <u>Ohio</u>
27. REC'D BY LOCAL G. <u>10-55</u>	REGISTRAR'S SIGNATURE <u>H. J. Apley</u>	SUB-REGISTRAR'S SIGNATURE