

44-3 METROPOLITAN LIFE INSURANCE COMPANY

J. R. LYNCH
SUPERVISOR
J. M. MECHAN
SERVICE SUPERVISOR
GROUP DIVISION

April 16, 1963

PLAINTIFF'S EXHIBIT

MET-1054

CASE NO. 10-
100-20
100-20

Mr. Karl Krieg, Employee Relations Manager
The Philip Carey Manufacturing Company
320 South Wayne Avenue
Cincinnati 15, Ohio

Dear Mr. Krieg:

Supplementing our letter of April 6, attached is a listing received from the Home Office of death claims that were paid between 1957 and 1962 due to respiratory causes.

We hope that this information will be of some use to you.

Very truly yours,

J. R. Lynch
J. R. LYNCH
Group Supervisor

jrl/ds
enclosure
cc: Mr. E. J. Fasold, Secretary

reviewed in order to assemble data to comply with this policyholder's request. The identifying information is shown below separated by general cause of death.

Malignant neoplasm (cancer) of the respiratory disease:

<u>Name</u>	<u>Age</u>
Mayne, Jos.	44
Miller, Geo.	54
Archbridge, Alfred	56
Ellis, Benjamin	73
Lesourd, Wm.	77
Martin, Edward	67
Estabrook, Rufus	43
Santel, Harry	65
Stall, Arthur	56
Scott, Young	58
Enizewski, Vincent	77
Whitley, Donny	58
Woods, Alene	55
Carlsby, Stephen	47

Disease of the Respiratory System:

Vance, Howard	75
Jackson, Louis	62
Malotta, Clarence	64
Good, Margaret	63
Barry, Richard	57
Patterson, Wm.	70
Raymond, Lewis	51
Shawle, Chas.	71

Reg. Dist. No. <u>31111</u>		DIVISION OF VITAL STATISTICS		State File No. <u>056522</u>	
Primary Reg. Dist. <u>31111</u>		CERTIFICATE OF DEATH			
1. PLACE OF DEATH a. COUNTY <u>Hamilton.</u> b. CITY, VILLAGE, OR LOCATION <u>Cincinnati</u>		2. USUAL RESIDENCE a. STATE <u>Ohio.</u> b. CITY, VILLAGE, OR LOCATION <u>Cincinnati</u>		c. COUNTY <u>Hamilton.</u>	
3. NAME OF DECEASED (Type or print) <u>Eddie Jackson.</u>		4. DATE OF DEATH Month <u>2/</u> Day <u>6/</u> Year <u>1961</u>		5. IS RESIDENCE ON A ? YES ☐ NO ☐	
6. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☐ <u>3425 BEVIS AVENUE</u>		7. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐ <u>3425 Bevis Ave.</u>		8. IS RESIDENCE ON A ? YES ☐ NO ☐	
9. SEX <u>Male</u>		10. COLOR OR RACE <u>Colored</u>		11. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
12. USUAL OCCUPATION <u>Laborman</u>		13. DATE OF BIRTH <u>10; 2; 99; 61</u>		14. AGE <u>10 6</u>	
15. FATHER'S NAME <u>Cyrus Jackson.</u>		16. SOCIAL SECURITY NO. <u>470.65.1440.</u>		17. INFORMANT'S SIGNATURE <u>Dora Jackson.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>COB PULMONALE</u> CONDITIONS, if any, which gave rise to above cause (a), starting the manner of death (b) <u>ASBESTOSIS, OCCUPATIONAL.</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (c) <u>None</u>		19. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>COB PULMONALE</u> CONDITIONS, if any, which gave rise to above cause (a), starting the manner of death (b) <u>ASBESTOSIS, OCCUPATIONAL.</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (c) <u>None</u>		20. INTERVAL BETWEEN ONSET AND DEATH	
21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		22. DESCRIBES HOW INJURY OCCURRED		23. TIME OF INJURY	
24. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		25. PLACE OF INJURY (If, e., in or about home, farm, factory, street, office bldg., etc.)		26. CITY, VILLAGE, OR LOCATION	
27. I attended the deceased from <u>8:12:61</u> and last seen by <u>None</u>		28. DEATH OCCURRED AT <u>Home</u>		29. DATE SIGNATURE	
30. SIGNATURE <u>P. L. L.</u>		31. ADDRESS <u>M. D. CORDNER, HAMILTON CO. OHIO</u>		32. DATE SIGNATURE <u>12-17-61</u>	
33. BURIAL, CREMATION <u>Buried</u>		34. DATE <u>8:12:61</u>		35. NAME OF CEMETERY OR CREMATORY <u>Cincinnati</u>	
36. NAME OF EMBALMER <u>E. F. Stegall</u>		37. ADDRESS <u>5151a</u>		38. SIGNATURE <u>Elizabeth P. Stegall</u>	
39. FUNERAL FIRM AND ADDRESS <u>Pierce & People's Funeral Home</u>		40. ADDRESS <u>1504 John St Cincinnati, Ohio.</u>		41. SIGNATURE	
42. DATE REC'D BY <u>11/11/61</u>		43. REGISTRAR'S SIGNATURE		44. SUB-REGISTRAR'S SIGNATURE	

(Fee for this certificate, \$3.00)

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Charles Hardister
Charles Hardister
State Registrar

NOV 13 1981

Date

111111

No.

PHS-20142-52512-5-55

CORRECTED CERTIFICATE
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

File No. 15680

Primary
Dist. No. 462-430

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH a. County <u>Montgomery</u>		2. USUAL RESIDENCE (where deceased lived, if institution; temporary if fore admission) a. State <u>Pa.</u> b. County <u>Norristown</u>	
b. City, Borough or Township <u>Norristown</u>		c. Length of stay in 1b. <u>6 Mts. 45 Mins.</u>	
d. FULL NAME (if NOT in hospital, give street address) of HOSPITAL or INSTITUTION <u>Sacred Heart Hospital</u>		d. Street Address or Location <u>Main & Barbadoes</u>	
e. Is Place of Death Inside Municipality Limits? <u>Yes</u>		e. Is Residence Inside Municipality Limits? <u>Yes</u> f. Is Residence on a Farm <u>No</u>	
3. NAME OF DECEASED (Type or print) a. (First) <u>Raymond</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Lewis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>23</u> <u>57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>July 11, 1903</u>
9. AGE (in years last birthday) <u>53</u>			10. FULL NAME OF SPOUSE <u>George Lewis</u>
11. BIRTHPLACE (Also give state or foreign country) <u>Poneybrook Twp., Pa.</u>			12. CITIZEN OF WHA COUNTRY <u>USA</u>
13. FATHER'S NAME <u>George Lewis</u>			14. MOTHER'S MAIDEN NAME <u>Edith Brooks</u>
15. USUAL OCCUPATION (even if retired) <u>Shipping clerk</u>			16. Social Security No. <u>134 Washington Ave. Downingtown, Pa.</u>
17. INFORMANT <u>Mary Thompson</u>			
18. MEDICAL CERTIFICATION 13. CAUSE OF DEATH (Enter only one cause per line for (a), (b) & (c)) PART 1. Death was caused by: IMMEDIATE CAUSE (a) <u>Asbestosis, generalized, pulmonary</u> Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b) <u>Cor Pulmonale</u> DUE TO (c) <u>Duodenal Ulcer with Hemorrhage</u> PART 11. OTHER SIGNIFICANT CONDITIONS (contributing to death but not related to the terminal disease given in Part I (a)) 19. WAS AUTOPSY PERFORMED? <u>Yes</u>			
20a. ACCIDENT SUICIDE NON-CISE ☐ ☐ ☐		20b. DESCRIBE HOW INJURY OCCURRED. <u>5410</u>	
21. INJURY OCCURRED While at work ☐ Not while at work ☐		22. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) <u>1039 DeKalb St., Norristown, Penna.</u>	
23. CITY, BOROUGH, TOWNSHIP <u>Norristown</u>		24. COUNTY <u>Chester</u>	
25. STATE <u>Pa.</u>		26. TIME OF INJURY (Hour, Min., Month, Day, Year) <u>5:50 P.M. 1/23/57</u>	
27. I hereby certify that I attended the deceased from <u>1/23/57</u> to <u>1/23/57</u> and that death occurred at <u>5:50 P.M. 1/23/57</u> from the causes and on the date stated above.			
28. SIGNATURE <u>Joseph J. Spellicine, M.D.</u>		29. ADDRESS <u>1039 DeKalb St., Norristown, Penna.</u>	
30. DATE SIGNED <u>1/29/57</u>		31. LOCATION (City, Boro, Twp. & County) (State) <u>Norristown, Chester County, Pa.</u>	
32. BURIAL OR CREMATION ☐ CREMATION ☒		33. NAME OF CEMETERY OR CREMATORY <u>Norristown Methodist</u>	
34. DATE <u>JAN. 26, 1957</u>		35. SIGNATURE OF FUNERAL DIRECTOR <u>D. Rae Boyd, Norristown, Pa.</u>	
36. DATE REC'D BY <u>REG. 1-25-57</u>		37. REGISTRAR'S SIGNATURE <u>Julia M. Kennedy</u>	

(Fee for this certificate, \$3.00)

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Charles Hardester
Charles Hardester
State Registrar

NOV 13 1961

Date

No.

11VS-20143-525M-9-53 -10		CORRECTED CERTIFICATE COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS		File No. 15680	
Primary Dist. No. 462-430		CERTIFICATE OF DEATH		Registered No. 53	
1. PLACE OF DEATH a. County Montgomery b. City, Borough or Township Norristown c. Length of stay in 1b. 6 Hrs. 45 Mins. d. FULL NAME (If NOT in hospital—give street address) of HOSPITAL or INSTITUTION Sacred Heart Hospital e. Is Place of Death inside Municipality Limits? Yes ☒ No ☐			2. USUAL RESIDENCE (where deceased lived, if institution; residence for admission) a. State Pa. b. County Norristown c. City, Borough or Township Main & Barbadoes d. Street Address or Location Main & Barbadoes e. Is Residence inside Municipality Limits? Yes ☒ No ☐ f. Is Residence on a Farm ☐ No ☐		
3. NAME OF DECEASED (Type or print) a. (First) Raymond b. (Middle) Lewis c. (Last) Lewis 4. DATE OF DEATH (Month) (Day) (Year) 1 23 57			5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☐ NEVER MARRIED ☒ 8. DATE OF BIRTH (Month) (Day) (Year) July 11, 1903 9. AGE (In years last birthday) 53 10. FULL NAME OF SPOUSE Honeybrook Twp., Pa. 11. BIRTHPLACE (Also give state or foreign country) Honeybrook Twp., Pa. 12. CITIZEN OF WH. COUNTRY USA		
13. FATHER'S NAME George Lewis 14. MOTHER'S MAIDEN NAME Edith Brooks 15. USUAL OCCUPATION (even if retired) Shipping clerk 16. Social Security No. Philip Carey Magnesia Co. 17. INFORMANT Mary Thompson 18. ADDRESS 134 Washington Ave. Downingtown, Pa.			19. CAUSE OF DEATH (Enter only one cause per line for (a), (b) & (c)) PART I. Death was caused by: IMMEDIATE CAUSE (a) Asbestosis, generalized, pulmonary Conditions, if any, which gave rise to above cause (b) Cor Pulmonale (c) Duodenal Ulcer with Hemorrhage PART II. OTHER SIGNIFICANT CONDITIONS (contributing to death but not related to the terminal disease given in Part I (a))		
20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐ 20b. DESCRIBE HOW INJURY OCCURRED. 20c. Time of Injury (Hour, Minute, Day, Year) 1/23/57			20d. INJURY OCCURRED While at work ☐ Not while at work ☐ 20e. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) 20f. CITY, BOROUGH, TOWNSHIP COUNTY STATE		
21. I hereby certify that I attended the deceased from 1/23/57 to 1/23/57 , that I last saw the deceased alive on 1/23/57 , and that death occurred at 5:50 P. M. E.S.T. from the causes and on the date stated above					
22a. SIGNATURE <i>Joseph J. Spelman</i> M.D. or D.O. 22b. ADDRESS 039 DeKalb St. Norristown, Penna. 22c. DATE SIGNED 1/29/57			23a. BURIAL/CREMATION ☐ 23b. DATE JAN. 26, 1957 23c. NAME OF CEMETERY OR CREMATORY Honeybrook Methodist, Honeybrook, Chester County, Pa. 23d. LOCATION (City, Boro, Twp. & County) (State)		
24. DATE REC'D BY REG. 1-25-57 25. REGISTRAR'S SIGNATURE Julia M. Kennedy 26. SIGNATURE OF FUNERAL DIRECTOR D. Rae Boyd, Norristown, Pa. ADDRESS					

DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS				State File No. 050502	
CERTIFICATE OF DEATH				Registrar's No.	
1. PLACE OF DEATH a. COUNTY Hamilton		2. USUAL RESIDENCE a. STATE Ohio		b. COUNTY Hamilton	
3. CITY, VILLAGE, OR LOCATION Cincinnati		4. LENGTH OF STAY IN 1b 2 days		c. CITY, VILLAGE, OR LOCATION Lockland	
d. NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		e. STREET ADDRESS 500 Wyoming Avenue		f. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐	
g. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒		h. IS RESIDENCE ON A FARM YES ☐ NO ☒		i. IS RESIDENCE INSIDE CITY LIMITS? YES ☐ NO ☒	
3. NAME OF DECEASED (TYPE OR PRINT) Clarence		4. DATE OF DEATH July 8 1960		5. AGE (In years, if under 1 year, if under 24, last birthday) 64	
6. SEX Male		7. COLOR OF RACE White		8. DATE OF BIRTH 7-7-1896	
9. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		10. USUAL OCCUPATION (Give kind of work done during most of working life, when it retired) Laborer		11. KIND OF BUSINESS OR INDUSTRY Roofing & Insulation	
12. PATHER'S NAME Isaac Yuletta		13. MOTHER'S MAIDEN NAME Luella Lamb		14. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or overseas. If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 270-05-6880		17. INFORMANT'S SIGNATURE Lloyd Yuletta	
18. CAUSE OF DEATH (Enter only one cause per line for 1a, 1b, and 1c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe emphysema-pulmonary CONDITION, if any, which gave rise to above cause (b) Pulmonary fibrosis STATE THE UNDERLYING CAUSE (c) Arteriosclerosis		19. OTHER SIGNIFICANT CONTRIBUTIONS TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE (d) Pulmonary		20. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	
21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		22. DESCRIBE HOW INJURY OCCURRED Explosion of artery in Part II at room 101		23. TIME OF INJURY Hour: 11:00 AM Month: Dec. Year: 1960	
24. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home		26. CITY, VILLAGE, OR LOCATION Lockland	
27. I attended the deceased from 6-12-59 to 7-8-60		28. ADDRESS 317 E. 1st St. Lockland, Ohio		29. DATE SIGNED 7/12/60	
30. SIGNATURE Dr. R. E. Watson		31. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		32. LOCATION Glendale Ohio	
33. BURIAL CREMA Burial		34. DATE July 12, 1960		35. NAME OF EMBALMER Thomas P. Watson	
36. FUNERAL FIRM AND ADDRESS Vorhis Funeral Homes, Inc.		37. FUNERAL DIRECTOR'S SIGNATURE Thomas P. Watson		38. DATE July 12, 1960	
39. REGISTAR'S SIGNATURE R. E. Watson		40. SUB-REGISTAR'S SIGNATURE R. E. Watson		41. DATE July 12, 1960	

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. **087525**
Registrar's No. **101**

1. PLACE OF DEATH a. COUNTY Hamilton b. CITY, VILLAGE, OR LOCATION Cincinnati		2. USUAL RESIDENCE a. STATE Ohio b. CITY, VILLAGE, OR LOCATION Wyoming c. STREET ADDRESS 624 Vine Street	
3. NAME OF DECEASED First Herbert Middle Lewis Last Gooch		4. DATE OF DEATH Month Aug Day 15 Year 1960	
5. SEX Male 6. COLOR OF RACE Colored		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
8. USUAL OCCUPATION Laborer		9. DATE OF BIRTH 2/28/1897	
10. USUAL OCCUPATION (Time and place of working life, season if relevant)		11. BIRTHPLACE Turnersville Ky.	
12. FATHER'S NAME Alex Gooch		13. CITIZEN OF WHAT COUNTRY USA	
14. MOTHER'S MAIDEN NAME Susie Gooch Lee		15. INFORMANT'S SIGNATURE Birdie M. Gooch	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes		17. SOCIAL SECURITY NO. 270-05-1023	
18. CAUSE OF DEATH (Enter only one cause per line for 1a, 1b, and 1c.)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b) Chronic heart disease DUE TO (c) Coronary artery disease			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE (d) Chronic heart disease			
19. WAS AUTOPSY PERFORMED? Yes			
20. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20a. DESCRIBE HOW INJURY OCCURRED Heart failure			
20b. TIME OF INJURY 5:30 P.M.			
20c. INJURY OCCURRED WHILE AT WORK			
20d. PLACE OF INJURY Home			
20e. CITY, VILLAGE, OR LOCATION Turnersville, Ky.			
21. I attended the deceased from 7:30 P.M. to 8:15 P.M. and last saw him alive on 8/15/1960 at 624 Vine Street on the date stated in 4; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Birdie M. Gooch		23. ADDRESS 624 Vine Street	
24. DATE 8/19/1960		25. NAME OF CEMETERY OR CREMATORY Family Cemetery	
26. NAME OF CEMETERY Family Cemetery		27. LOCATION Turnersville, Ky.	
28. NAME OF FUNERAL HOME Oscar S. Lee		29. FUNERAL DIRECTOR'S SIGNATURE Oscar S. Lee	
30. FUNERAL FIRM AND ADDRESS Oscar S. Lee & Son, 400 N. Wayne Avenue, Lockland Cincinnati 15, Ohio		31. DATE REC'D BY 20-7-1960	
32. REGISTRAR'S SIGNATURE R. S. Hulse		33. SUB-REGISTRAR'S SIGNATURE	