Reg. Dist. No. [illegible] — Division of Vital Statistics — Late Reg. No.

Primary Reg. Dist. No. [illegible] — Certificate of Death — Registr. No.

1. PLACE OF DEATH a. COUNTY: HAMILTON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: OHIO — b. COUNTY: HAMILTON
b. CITY, VILLAGE, OR LOCATION: Cincinnati — c. LENGTH OF STAY IN 1b	c. CITY, VILLAGE, OR LOCATION: Woodlawn
NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): Good Samaritan	d. STREET ADDRESS: 10109 Wayne Ave.
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES [X] NO [ ]	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 Henry — Middle N. — Last Hoerst

4. DATE OF DEATH: Month Oct. — Day 17, — Year 1963

5. SEX	6. COLOR OR RACE	7. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hrs.: Hours / Min.
M	W	[X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED	10-14-99	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Boaterman	Asbestas Mill	Ohio	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Hoerst	Catherine Stander

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S NAME, Address
No. (If yes, give war or dates of service)	270-07-0405	Iola Hoerst 10109 Wayne Ave. Woodlawn Ohio

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

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmonary Edema	36 hours
Conditions, if any which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cor Pulmonale	3 years
DUE TO (c)	Asbestosis	Several Yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	Coronary Arteriosclerosis	19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
[ ]	[ ]	[ ]	This was an industrial injury secondary to Asbestos exposure

20c. TIME OF INJURY: Hour a. m. / p. m. — Month, Day, Year

INJURY OCCURRED WHILE AT WORK	NOT WHILE AT WORK	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, VILLAGE, OR LOCATION	COUNTY, STATE
[X]	[ ]	Factory		

21. I attended the deceased from 3/30/53 to 10/17/63 and last saw him alive on 10/17/63

Death occurred at 1:30 p. m. on the date stated in 4; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
Hadrian M. Muldrum M.D.	3333 Ohio Street Cincinnati 29, Ohio	10/27/63

23a. BURIAL, CREMATION, (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	10-21-63	St. Peter & Paul	Reading Ohio

24. NAME OF EMBALMER (LIC. NO.)	25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.)
Gene Henry 5705 A	Philip F. Schmidt 5350

26. FUNERAL FIRM AND ADDRESS: Schmidt-Dhonau Co. — (STREET NO.) 433 Reading Rd. — (CITY) Reading — (STATE) 15, Ohio

27. DATE REC'D BY LOCAL REG.	28. REGISTRAR'S SIGNATURE	29. DATE REC'D BY SUB-REGISTRAR	30. SUB-REGISTRAR'S SIGNATURE
OCT 30 1963	Mary Ann Berens		

I hereby certify this to be a true and correct photographic copy of the certificate on file with the Cincinnati Board of Health.

RECEIVED - 17
DEC 5 1963
BUREAU OF WORKMEN'S COMPENSATION

Mary Ann Berens
Local Registrar

PLAINTIFF'S EXHIBIT