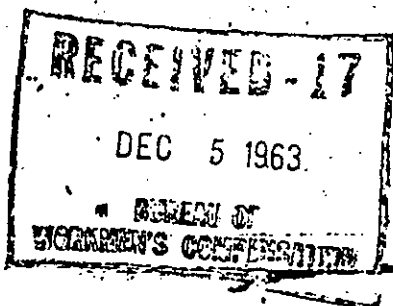


Reg. Dist. No. <u>3-100</u>		DIVISION OF VITAL STATISTICS		Date of Death <u>Oct. 17, 1963</u>	
Primary Reg. Dist. No. <u>3-100</u>		CERTIFICATE OF DEATH		Register No. <u> </u>	
1. PLACE OF DEATH a. COUNTY <u>HAMILTON</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>OHIO</u> b. COUNTY <u>HAMILTON</u>			
b. CITY, VILLAGE, OR LOCATION <u>Cincinnati</u>		c. LENGTH OF STAY IN 1b <u> </u>			
c. STREET ADDRESS <u>Good Samaritan</u>		d. STREET ADDRESS <u>10109 Wayne Ave.</u>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐		f. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐		g. IS RESIDENCE ON A FARM? YES ☐ NO ☒	
3. NAME OF DECEASED (TYPE OR PRINT) First <u>Henry</u> Middle <u>N.</u> Last <u>Hoerst</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>17</u> Year <u>1963</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>10-14-99</u>	9. AGE (in years) (last birthday) <u>64</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boatorman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Asbestos Mill</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
12. FATHER'S NAME <u>Joseph Hoerst</u>		13. MOTHER'S MAIDEN NAME <u>Catherine Standor</u>			
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		15. SOCIAL SECURITY NO. <u>270-07-0405</u>		16. INFORMANT'S NAME <u>Iola Hoerst</u>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> Conditions, if any which gave rise to above cause (a), stating the underlying cause last: <u>Core Pulmonary</u> DUE TO (b) <u>Asbestosis</u> DUE TO (c) <u> </u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> <u>3 years</u> <u>Several years</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Coronary Arteriosclerosis</u>		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒			
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 16.) <u>This was an industrial injury secondary to asbestos exposure</u>			
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>		20d. PLACE OF INJURY (e. g., on or about home, farm, factory, street, office bldg., etc.) <u>Factory</u>			
20e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		20f. CITY, VILLAGE, OR LOCATION COUNTY <u> </u> STATE <u> </u>			
21. I attended the deceased from <u>3/30/53</u> to <u>10/17/63</u> and last saw him alive on <u>10/17/63</u> Death occurred at <u>130</u> m on the date stated in 4; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John M. Midrum M.D.</u>		22b. ADDRESS <u>3333 Olive Street Cincinnati 20, Ohio</u>		22c. DATE SIGNED <u>10/27/63</u>	
23a. BURIAL, CREMATION, (Specify) <u>Burial</u>	23b. DATE <u>10-21-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul</u>		23d. LOCATION (City, town, or county) (State) <u>Reading Ohio</u>	
24. NAME OF EMBALMER <u>Gene Henry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Philip R. Schmidt</u>		25. (LIC. NO.) <u>5705 A</u> <u>5350</u>	
26. FUNERAL FIRM AND ADDRESS <u>Schmidt-Dhonau Co. 433 Reading Rd. Reading 15, Ohio</u>					
27. DATE REC'D BY LOCAL REG. <u>OCT 30 1963</u>	28. REGISTRAR'S SIGNATURE <u>Mary Ann Berens</u>	29. DATE REC'D BY SUB-REGISTRAR	30. SUB-REGISTRAR'S SIGNATURE		

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



Mary Ann Berens
Local Registrar

