

OCCUPATION IS VERY IMPORTANT. BE SURE IT IS PLAINLY WRITTEN. IF YOU ARE PROBABLY UNEMPLOYED, STATE THIS ON BACK OF CERTIFICATE. OCCUPATION OF DECEASED IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

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

23851

1 PLACE OF DEATH
County Lucas Registration District No. 5 File No. 23851
Township Co. north Primary Registration District No. 13 Registered No. 1327
or Village Co. north No. Women's and Childrens Hospital St. 1327 Ward
of City of Toledo (If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long to U.S., if of foreign birth 1 yrs. 0 mos. 0 ds.
2 FULL NAME Azova No. Lines Did Deceased Serve in U. S. Navy or Army
(n) Residence. No. 1522 Elm Street - Apt. 3 St., Ward.
(Usual home of decedent) (If convenient give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR White 5. SINGLE, MARRIED, Write the word Married
(Widowed or Divorced)

6. If Married, Widowed, or Divorced. Husband of William J. (or) Wife of William J.

7. DATE OF BIRTH (month, day, and year) July 15, 1899

8. AGE (years) Months 10 Days 3 If LESS than 1 day, of 3 hrs. 5 min.

9. Trade, profession, or particular kind of work done, as Housewife
sewer, bookkeeper, etc.

10. Industry or business in which work was done, as WV
mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) Toledo (State or country) Ohio

14. NAME Ignatz Stasiak

15. BIRTHPLACE (city or town) Poland (State or country)

16. MAIDEN NAME Pauline Stasiak

17. BIRTHPLACE (city or town) Toledo (State or country) Ohio

18. The Signature of Informant Leah M. Woodland and Address 1855 Collingwood Blvd

19. BURIAL CREMATION, OR REMOVAL Place Ottawa Hill Maus. Soc. Date April 22, 1929

20. FUNERAL FIRM Rayen, Feilbach, Mort. Svc.

21. BURIED BY R. J. Feilbach Lic. No. 2172

Address 1855 Collingwood Blvd.

22. EMBALMER Ray J. Boyle Lic. No. 3107

23. FILED

MEDICAL CERTIFICATE OF DEATH

24. DATE OF DEATH (month, day, and year) April 20, 1929

25. I HEREBY CERTIFY, That I attended deceased from 4-10 1929, to 4-20 1929.
I last saw the decedent alive on 4-19 1929. Death is said to have occurred on the date stated above at 68 in

THE PRINCIPAL CAUSE OF DEATH and related causes of importance in order of cause were as follows:
Pulmonary edema

CONTRIBUTORY CAUSES of importance not related to principal cause:
Cholelithiasis

Name of operation Cholecystomy Date of 4-19
What text confirmed diagnosis? Was there an autopsy? yes

26. If death was due to external causes (poison) list in also the following:
Accident, suicide, or homicide? Date of injury IV
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

27. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signature) M. D.
Date 4-21-1929 Address 101 West 132d St.