

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

1 PLACE OF DEATH

County Hamilton

Registration District No. 494

File No. 52870

Township

Primary Registration District No. 8227

Registered No. 5162

or Village

No.

St.

Ward

or City of

Cute Ohio

(If death occurred in a hospital or institution, give its NAME instead of street)

2 FULL NAME

Josephine Schube

Did Deceased Serve in
U. S. Navy or Army

(a) Residence. No.

704 Belknap

St.

Ward.

(usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single, Married, Widowed or Divorced (write the word)

Female

White

Widow

6a If married, widowed or divorced

HUSBAND of

WIFE of

Andrew Schube

7 DATE OF BIRTH (month, day, and year)

Apr. 6 -

8 AGE

Years

Months

Days

If LESS than
1 day _____ hrs.
or _____ min.

17

0

0

9 OCCUPATION OF DECEASED

(1) Trade, profession, or particular kind of work

Housework

(2) General nature of industry, business, or establishment in which employed (or employer)

(3) Name of employer

10 BIRTHPLACE (city or town)

State or country

Germany

11 NAME OF FATHER

Daniel Junglas

12 BIRTHPLACE OF FATHER (city or town)

State or country

Germany

13 MAIDEN NAME OF MOTHER

Marie Riesel

14 BIRTHPLACE OF MOTHER (city or town)

State or country

Germany

15

Informant

Eva Metzler

Address

704 Belknap

Filed

Aug 15 1929

Hamilton County

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH (month, day and year) Aug 15 1929

17

I HEREBY CERTIFY, That I attended deceased from

July 6, 1929, to Aug 15, 1929
that I last saw her alive on Aug 15, 1929

and that death occurred, on the date stated above, at 430 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial
Nephritis

(duration) How long yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

(duration) _____ yrs. mos. ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?

(Signed) Yus W. Moore, M. D.

Aug 17, 1929 (address) 3719 Marsawing

* See the DISEASE CAUSING EVENT, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE of Burial, Cremation, or Removal

View St Hill Cem

DATE OF BURIAL

Aug 19 1929

20 UNDERTAKER

West Steiner Inc

ADDRESS

City

21a WAS THE BODY EMBALMED? Yes

EMBALMER'S LICENSE NO. 1513