OHIO DEPARTMENT OF HEALTH

COLUMBUS

CERTIFICATE OF DEATH

Department of Commerce — Bureau of the Census

Reg. Dist. No. 1132 Primary Reg. Dist. No. 8430

State File No. 76610

Registrar's No. 247

THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

V.S. 11

1. PLACE OF DEATH:

(a) County Ross

(b) Chillicothe (City, Village, Township)

(c) Name of hospital or institution: Chillicothe Hospital (If not in hospital or institution, write street No. or location)

(d) Length of stay: In hospital or institution ____ (Days) In this community Lifetime (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Ross

(c) City or village Chillicothe (If outside city or village, write RURAL)

(d) Street No. 135 East Main Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. FULL NAME Frederick Griesheimer

(a) If veteran, name war ____ (b) Social Security No. ____

4. Sex Male | 5. Color or race White | 6.(a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife ~~Same~~ 6.(c) Age of husband or wife if alive ____ years

7. Birth date of deceased October (Month) 22 (Day) 1870 (Year)

8. AGE: Years 74 | Months 1 | Days 9 | If less than one day hr. ____ min. ____

9. Birthplace Chillicothe (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Decorator

11. Industry or business ____

Mother Father

12. Name Adam Griesheimer

13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

14. Maiden name Caroline Feick

15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant's signature Raymond A Griesheimer

(b) Address Chillicothe, Ohio

17. (a) Burial, ~~cremation, or other~~; (b) Date 12 (Month) 4 (Day) 1944 (Year)

(c) Place Grandview

(d) Jesse Jacobs (Name of Embalmer) 3277-A (Lic. No.)

18. (a) C. J. Ware (Signature of Funeral Director) 1821 (Lic. No.)

(b) Address Chillicothe, Ohio

19. (a) 12-4-44 (Date received local registrar) (b) E. R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month December day 1

year 1944 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 17, 1944, to Dec 1, 1944; that I last saw him alive on Dec 1, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accident Dilation of heart	15 Min
Due to (Cardio-renal disease	2 yrs
Due to 1300	1
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operation	
Major findings of autopsy	

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ____

(b) Date of occurrence ____

(c) Where did injury occur? (City or Village) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ____ (e) How did injury occur? ____

23. Signature E. R. Miller M.D. (Specify if Doctor of Medicine or Osteopathy)

Address Chillicothe Date signed 12-4-44

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33S7-9P2P-HHJ?view=index : 30. März 2025), Aufnahme 1241 von 2837; Ohio Historical Society (Columbus, Ohio).

https://www.familysearch.org/ark:/61903/3:1:33S7-9P2P-HHJ?view=index