Form V. S. No. 11—200M-1-24-11

79

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH.

County of Franklin

Township of ________ Registration District No. 392 File No. 2010

or

Village of ________ Primary Registration District No. 8187 Registered No. 2019

or

City of Columbus (No. School Ave St., ____ Ward) (If death occured in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.") FULL NAME Peter Steffan

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male — COLOR OR RACE White	DATE OF DEATH Aug (Month) 13 (Day) 1911 (Year)
DATE OF BIRTH Aug (Month) 5 (Day) 1847 (Year)	I HEREBY CERTIFY, That I attended deceased from ____ 19__ to Aug 19__
AGE 64 years, ____ months, ____ days.	that I last saw h____ alive on Aug 13 1911
SINGLE, MARRIED, WIDOWED, OR DIVORCED Married	and that death occurred, on the date stated above, at 4 P. M. The CAUSE OF DEATH was as follows:
BIRTHPLACE (State or Foreign Country) Germany	Dilatation of Right Heart
OCCUPATION Farmer	
NAME OF FATHER Martin Steffan	(Duration) 2 yrs Days
BIRTHPLACE OF FATHER (State or Foreign Country) Germany	Contributory Rupture of wall from vomiting (Duration) sudden Days
MAIDEN NAME OF MOTHER Catherine Eberly	(Signed) Lee H Mallen M.D.
BIRTHPLACE OF MOTHER (State or Foreign Country) Germany	8/14 1911 (Address) Linden Heights, O.
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	**SPECIAL INFORMATION** only for Hospitals, Institutions, Transients, or Recent Residents.
(Informant) Lewis Steffan	Former or Usual Residence ____ How long at Place of Death? ____ Days
(Address) School Ave	Where was disease contracted, if not at place of death? ____
Filed 8/15 1911	PLACE OF BURIAL or REMOVAL Riverside Cemetery — DATE OF BURIAL Aug 16 1911
J L Davis Depty Registrar.	UNDERTAKER Egan Und Co — ADDRESS Bolo naghten per W J. Foley

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Quellenangabe:
"Columbus, Franklin, Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:S3HY-6SD3-S6?view=index : 20. Apr. 2025), Aufnahme 220 von 1557; Ohio Historical Society (Columbus, Ohio).
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