

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH *Rose* Registration District No. *1132* File No. *60633*
 County *Rose* Township *Chillicothe* Primary Registration District No. *8430* Registered No. *185*
 or Village *Chillicothe* No. _____ St. _____ Ward _____
 or City of _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)
 2 FULL NAME *Louis Medert*
 (a) Residence. No. *621 E. Main* 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 *M.* 4 COLOR OR RACE *W.* 5 Single, Married, Widowed or Divorced (*write the word*) *Married*
 5a If married, widowed or divorced HUSBAND of *Eva Medert* (or) WIFE of _____
 6 DATE OF BIRTH *July 28 1846* *Oct 26 1889*
 7 AGE Years *74* Months *1* Days *4* If LESS than 1 day _____ hrs. of _____ min.
 8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Public Safety Director*
 (b) General nature of Industry, business, or establishment in which employed (or employer) *City Employee*
 (c) Name of employer _____
 9 BIRTHPLACE (city or town) _____ (State or country) *Germany*
 10 NAME OF FATHER *Ludwig Medert* (State or country) _____
 11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) *Germany*
 12 MAIDEN NAME OF MOTHER *Amalie Roschert* (State or country) _____
 13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) *Germany*
 14 Informant *Lm. Medert* (Address) *Chillicothe, O.*
 15 Filed *9-3*, 1920 *Thos. J. Howard* REGISTRAR
Dr. Perrin

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) *Sept. 2 1920*
 17 I HEREBY CERTIFY, that I attended deceased from *June*, 1920, to *Sept 2*, 1920 that I last saw him alive on *Sept 1*, 1920 and that death occurred, on the date stated above, at *3:20 A.M.*
 The CAUSE OF DEATH* was as follows:
General Arterio-sclerosis
resulting in cerebral
hemorrhage, paralysis
right side (duration) _____ yrs. _____ mos. *14* ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.
 18 Where was disease contracted if not at place of death? _____
 Did an operation precede death? *no* Date of _____
 Was there an autopsy? *no*
 What test confirmed diagnosis? *Physician*
 (Signed) *D. A. Perrin* M. D.
9/3, 1920 (Address) *Chillicothe Ohio*
 *State the DISEASE CAUSING DEATH, 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 *Brunswick* DATE OF BURIAL *Sept. 4 1920*
 20 UNDERTAKER License No. *D. J. Ware* ADDRESS *Chillicothe, O.*

Quellenangabe:

"Hamilton, Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:S3HT-677J-5?view=index> : 1. Apr. 2025), Aufnahme 1901 von 3315; Ohio Historical Society (Columbus, Ohio).

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