

MARGIN RESERVED FOR BINDING
 THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.

V.S. 11

DIVISION OF VITAL STATISTICS				6100 15460	
Reg. Dist. No. <u>392</u>			State File No. <u>1227</u>		
Primary Reg. Dist. No. <u>8187</u>			Registrar's No. <u>1227</u>		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Ohio</u> b. COUNTY <u>Franklin</u>		
b. CITY (If outside corporate limits, write RURAL OR and give township) VILLAGE <u>Columbus</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) VILLAGE <u>Columbus</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1452 Gerald Ave</u>			d. STREET (If rural, give location) ADDRESS <u>1452 Gerald Ave</u>		
3. NAME OF DECEASED (TYPE OR PRINT) a. (First) <u>LEWIS</u>		b. (Middle) <u>STEFFAN</u>		c. (Last) <u>STEFFAN</u>	
4. DATE OF DEATH 3 20 49	5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH 2-28-1976	9. AGE (In years last birthday) 73		Under 1 Year Months Days Hours Min. 0 22		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Laborer</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Big Bearstone</u>		11. BIRTHPLACE (State or foreign country) <u>Columbus Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Peter Steffan</u>			14. MOTHER'S MAIDEN NAME <u>Susan Hahn</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>no</u>		16. SOCIAL SECURITY NO. <u>300-16-7619</u>		17. INFORMANT'S SIGNATURE <u>Fay Steffan</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertrophy prostate</u> DUE TO (c) <u>610X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, forest, etc.)		21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June, 1946</u> , to <u>2-28</u> , 19 <u>49</u> , and that death occurred at <u>8 a.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H. Wilson MD</u>		23b. ADDRESS <u>4167 N. High</u>		23c. DATE SIGNED <u>3-21-49</u>	
24a. BIRTH NO.		24b. DATE <u>3-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>near Col. Ohio</u>		24e. NAME OF EMBALMER <u>Glen C. Loney</u>			
24f. DATE REC'D BY LOCAL REG. <u>3-22-49</u>		24g. REGISTRAR'S SIGNATURE <u>Les Wredil</u>		24h. FUNERAL DIRECTOR'S SIGNATURE <u>Glen C. Loney</u>	
24i. (LIC. NO.) <u>2778 A</u>		24j. (LIC. NO.) <u>2190</u>			

Quellenangabe:

"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:S3HY-67XW-H6F?view=index> : 20. Apr. 2025), Aufnahme 3263 von 3534; Ohio Historical Society (Columbus, Ohio).
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