

OCCUPATION is very important. See instructions on back of certificate.

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

1 PLACE OF DEATH
County Cross Registration District No. 2229 File No. 26447
Township Nuntington Primary Registration District No. 2229 Registered No. 7
or Village No. St. Ward
or City of (If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred 72 yrs. 3 mos. 7 ds. How long in U. S., if of foreign birth? 72 yrs. 3 mos. 7 ds.

2 FULL NAME Frank Schobelack Did Deceased Serve in U. S. Navy or Army No
(a) Residence. No. (Usual place of abode) St. Ward (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>	21. DATE OF DEATH (month, day, and year) <u>Apr 26 1934</u>		
5a. If married, widowed, or divorced HUSBAND of <u>Christina</u> (or) WIFE of <u></u>			22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 1</u> 19 <u>24</u> to <u>Apr 26</u> 19 <u>34</u> I last saw him alive on <u>Mar 4</u> 19 <u>34</u> . death is said to have occurred on the date stated above at <u>6:20 a.m.</u>		
6. DATE OF BIRTH (month, day, and year) <u>Jan 18 1862</u>	7. AGE Years <u>72</u> Months <u>3</u> Days <u>7</u> If LESS than 1 day, <u>hrs.</u> or <u>min.</u>		The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: <u>Chronic myocarditis</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			CONTRIBUTORY CAUSES of importance not related to principal cause: <u>Arteriosclerosis</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>WVWV</u>			Name of operation <u>—</u> Date of <u>—</u> What test confirmed diagnosis <u>Chronic</u> Was there an autopsy? <u>—</u>		
10. Date deceased last worked at this occupation (month and year) <u>—</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 19 <u>—</u> Where did injury occur? <u>—</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
11. Total time (years) spent in this occupation <u>—</u>			Manner of injury <u>—</u> Nature of injury <u>—</u>		
12. BIRTHPLACE (city or town) <u>Chillicothe</u> (State or country) <u>Ohio</u>			24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>—</u> (Signed) <u>Wm. Schel</u> M. D. Date <u>27</u> 19 <u>34</u> Address <u>Chillicothe</u>		
13. NAME <u>Adam Schobelack</u>					
14. BIRTHPLACE (city or town) <u>Germany</u> (State or country) <u>—</u>					
15. MAIDEN NAME <u>Elizabeth Pintersheimer</u>					
16. BIRTHPLACE (city or town) <u>Germany</u> (State or country) <u>—</u>					
17. SIGNATURE OF INFORMANT <u>John Schobelack</u> and (Address) <u>Chillicothe, Ohio R.R.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>St. John's</u> Date <u>Apr 28 1934</u>					
19. UNDERTAKER <u>Chillicothe</u> (Address) <u>—</u>					
19a. Was body embalmed? <u>Yes</u> Embalmer's No. <u>569</u>					
20. FILED <u>4-30-1934</u> <u>W.C.B. Smith</u> Registrar					

Quellenangabe:

"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (<https://www.familysearch.org/ark:/61903/3:1:S3HY-DYV9-GWC?view=index> : 6. Apr. 2025), Aufnahme 2927 von 3323; Ohio Historical Society (Columbus, Ohio).
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