Exact statement of OCCUPATION is very important, so that it may be properly classified.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security No. 281-20-7134

1 PLACE OF DEATH.
County Franklin. Registration District No. 392 File No. ______
Township ______ Primary Registration District No. 8187 Registered No. 4047
or Village ______ No. White Cross Hospital St., ____ Ward (If death occurred in a hospital or institution, give its Name instead of street and number)
or City of Columbus, Ohio
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.
Did Deceased Serve in U. S. Navy or Army ______

2 FULL NAME Mr Fred Griesheimer
(a) Residence. No. 112 W. Water St. St. ______ Ward ______ Chillicothe O (If nonresident give city or town and State)
Chill. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Male — 4. COLOR or RACE: White — 5. SINGLE, MARRIED, Widowed or Divorced (Write the word): Married	21. DATE OF DEATH (month, day, and year) 11-10, 1942
5a. If Married, Widowed, or Divorced Husband of (or) Wife of Elizabeth Brandum	22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1942, to 11-10, 1942
6. DATE OF BIRTH (month, day, and year) 5-26-1890	I last saw him alive on 11-10, 1942, death is said to have occurred on the date stated above at 6:20 P.m.
7. AGE (years) 52 Months 5 Days 14 — If LESS than 1 day ____ hrs. or ____ min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: (Date of onset)
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker	Acute Cardiac Failure
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Kidney stone
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation	134A — CONTRIBUTORY CAUSES of importance not related to principal cause:
12. BIRTHPLACE (city or town) Chillicothe (State or country) Ohio	Hypertension
Father 13. NAME Hartman Griesheimer	
14. BIRTHPLACE (city or town) Chillicothe (State or country) Ohio	Name of operation Removal kidney stone Date of 2 yrs ago — What test confirmed diagnosis? ____ Was there an autopsy? ____
Mother 15. MAIDEN NAME Christina Kriska	23. If death was due to external causes (violence) fill in also the following:
16. BIRTHPLACE (city or town) Chillicothe (State or country) Ohio	Accident, suicide, or homicide? ____ Date of injury ____, 19__ — Where did injury occur? ____ (Specify city or town, county, and State)
17. The Signature of INFORMANT and (Address) Elizabeth Griesheimer, Chillicothe Ohio	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL Place Chillicothe, O Date Nov. 13, 1942	Manner of injury ____ — Nature of injury ____
19. FUNERAL FIRM C. J. Ware & Son	24. Was disease or injury in any way related to occupation of deceased? ____
19a. BURIED BY C. J. Ware Lic. No. 1821 — Address Chillicothe, O	If so, specify ____
19b. EMBALMER Jesse Jacobs Lic. No. 3277A	(Signed) S Robert Plenger M.D.
20. FILED 11-12-1942 J. Herbert Mumm, Registrar.	Date 11-10, 1942 Address 700 N. Park St.

VS 11

Quellenangabe:
"Defiance, Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33S7-9PKP-WF9V?view=index : 3. Mai 2025), Aufnahme 265 von 3247; Ohio Historical Society (Columbus, Ohio).
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