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

62580

1 PLACE OF DEATH
County [illegible] Registration District No. 391 File No.
Township Primary Registration District No. 8187 Registered No. 3975
or Village No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of Columbus
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.
2 FULL NAME Mrs. [illegible] Stellan
Did Deceased Serve in U. S. Navy or Army
(a) Residence. No. 2845 Medina St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Stellan.
6. DATE OF BIRTH (month, day, and year): June 4-1846
7. AGE — Years: 90 — Months: 4 — Days: 3 — If LESS than 1 day, ...hrs. or ....min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Ohio
13. NAME: Lawrence Kahn.
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Mary [illegible]
16. BIRTHPLACE (city or town) (State or country): Germany
The Signature of INFORMANT: Jane Stellan
and (Address): 1452 Harold Ave
BURIAL, CREMATION, OR REMOVAL
Place: Riverside Date: Oct 10 1936
FUNERAL DIRECTOR: P. Welsh Lic. No. 1857
(Address): Col. O
Was body embalmed: yes Embalmer's Lic. No. 2778
FILED: 10-9 1936 C. W. Kruse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 7 - 1936
22. I HEREBY CERTIFY, That I attended deceased from Sept 31 1936 to Oct 7 1936
I last saw her alive on Oct 7 1936 death is said to have occurred on the date stated above at 5:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

	Date of onset
Pulmonic Embolism	
Arteriosclerosis and	2 yrs.
Senile Arthritis	

CONTRIBUTORY CAUSES of importance not related to principal cause:

Exhaustion	10 days

Name of operation: None Date of: X
What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X no Date of injury: X, 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury: X
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify. X
(Signed) Lee H. Mann M.D.
Date 10 9 1936 Address Columbus O Ohio

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:33SQ-GPK5-95XK?view=index : 20. Apr. 2025), Aufnahme 1500 von 3250; Ohio Historical Society (Columbus, Ohio).
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