7701
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OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

Reg. Dist. No. 7701 — State File No. 20993
Primary Reg. Dist. No. 7701 — Registrar's No. 105

1. PLACE OF DEATH
a. COUNTY: Summit
b. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Akron
c. LENGTH OF STAY (in this place): 46 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): D.O.A. Peoples Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ohio
b. COUNTY: Summit
c. CITY OR VILLAGE (If outside corporate limits, write RURAL and give township): Akron
d. STREET ADDRESS (If rural, give location): 1208 Merger Ave.

3. NAME OF DECEASED (TYPE OR PRINT): a. (First) Caroline b. (Middle) c. (Last) Volke
4. DATE OF DEATH (Month) (Day) (Year): March 31, 1952

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Under 1 Year: Months	Days	If Under 24 Hr.: Hours	Min.
Female	White	Married	Nov. 15, 1887	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	In own Home	Ohio	U.S.

13. FATHER'S NAME: Hartman Griesheimer
14. MOTHER'S MAIDEN NAME: Don't Know

15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE: Fred F. Volke

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: —
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): 4201
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 ☐ No ☒

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)
7	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐	21f. HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.E. Garris Mod Asst Coroner	87 Howard St	3-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 3, 1952	Rose Hill Cemetery	Akron, Ohio

Sub-Registrar's Signature
NAME OF EMBALMER: Joseph N. Prentice (LIC. NO.) 4867-A

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	(LIC. NO.)
4-2-52	R. L. Kline	Joseph N. Prentice	3343

V.S. 11

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

4201

Quellenangabe:
"Ohio, United States Aufzeichnungen," Aufnahmen, FamilySearch (https://www.familysearch.org/ark:/61903/3:1:S3HT-DC57-4MC?view=index : 3. Mai 2025), Aufnahme 1939 von 3146; Ohio Historical Society (Columbus, Ohio).
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