

Kersting, Anthony 1864 - 1931

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

16958

1 PLACE OF DEATH
County Hamilton Registration District No. 24 File No. 1672
Township..... Primary Registration District No. 8227 Registered No. 1672
or Village..... No. St. Francis Hospital St. Ward
or City of Cincinnati (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..... yrs..... mos..... ds. How long in U. S., if of foreign birth?..... yrs..... mos..... ds.

2 FULL NAME Anton Kersting **KESTING** Did Deceased Serve in U. S. Navy or Army.....
(a) Residence. No. 1700 Westwood St., Ward. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Widower</u>		21. DATE OF DEATH (month, day, and year) <u>Mar 10, 1931</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Eliz. Bornhorn</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 2nd</u> , 19 <u>31</u> , to <u>March 10</u> , 19 <u>31</u> . I last saw him alive on <u>March 10</u> , 19 <u>31</u> , death is said to have occurred on the date stated above at <u>11:30</u> a.m.	
6. DATE OF BIRTH (month, day, and year) <u>May 21 - 1864</u>				The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:	
7. AGE Years <u>66</u> Months <u>9</u> Days	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Contractor Cement</u>		Date of onset <u>Mar 7-7</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				CONTRIBUTORY CAUSES of importance not related to principal cause: <u>Pulmonary Embolism</u>	
10. Date deceased last worked at this occupation (month and year)				Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy?.....	
11. Total time (years) spent in this occupation				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
12. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				Manner of injury..... Nature of injury.....	
13. NAME <u>Anton Kersting</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify.....	
14. BIRTHPLACE (city or town) (State or country) <u>Germany</u>				(Signed) <u>E. J. Smith</u> M. D. (Address) <u>1506 Harrison av</u>	
15. MAIDEN NAME					
16. BIRTHPLACE (city or town) (State or country) <u>Germany</u>					
17. The Signature of Informant and (Address) <u>St. Francis Hospital</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Method of God</u> Date <u>Mar 14</u> , 19 <u>31</u>					
19. UNDERTAKER (Address) <u>Witt & Sterner Inc</u>					
19a. Was body embalmed? <u>Yes</u> Embalmer's No. <u>Herb A</u>					
20. FILED <u>MAR 1 1931</u> Registrar <u>E. J. Smith</u>					

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