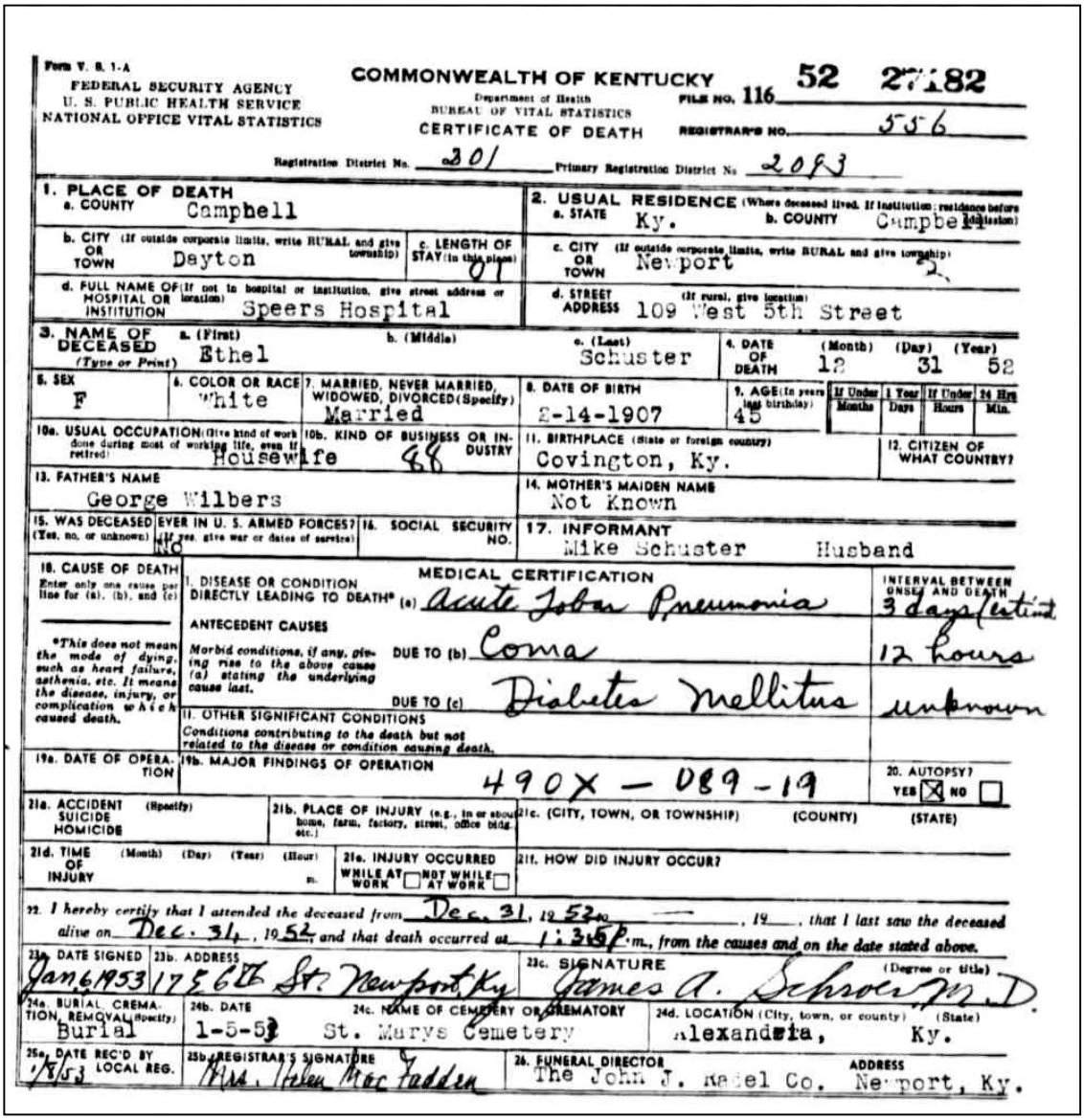

Form V. S. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO. 116 52 27182
REGISTRAR'S NO. 556
Registration District No. 301 Primary Registration District No. 2093

1. PLACE OF DEATH
a. COUNTY Campbell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dayton
c. LENGTH OF STAY (in this place) 01
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Speers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Ky. b. COUNTY Campbell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newport 2
d. STREET ADDRESS (If rural, give location) 109 West 5th Street

3. NAME OF DECEASED (Type or Print) a. (First) Ethel b. (Middle) c. (Last) Schuster
4. DATE OF DEATH (Month) 12 (Day) 31 (Year) 52
5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-14-1907
9. AGE (In years last birthday) 45 If Under 1 Year: Months / Days; If Under 24 Hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY 68
11. BIRTHPLACE (State or foreign country) Covington, Ky.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Wilbers
14. MOTHER'S MAIDEN NAME Not Known
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Mike Schuster Husband

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 Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days (estimated)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coma — 12 hours
DUE TO (c) Diabetes Mellitus — unknown
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 490X — 089-19
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1952 to —, 19—, that I last saw the deceased alive on Dec. 31, 1952, and that death occurred at 1:35 P m., from the causes and on the date stated above.

23a. DATE SIGNED Jan 6 1953
23b. ADDRESS 175 6th St. Newport Ky
23c. SIGNATURE James A. Schroer M.D. (Degree or title)

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-5-53
24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery
24d. LOCATION (City, town, or county) (State) Alexandria, Ky.

25a. DATE REC'D BY LOCAL REG. 1/6/53
25b. REGISTRAR'S SIGNATURE Mrs. Helen MacFadden
26. FUNERAL DIRECTOR The John J. Riedel Co. ADDRESS Newport, Ky.