

Faulhaber, Mary 1935 - 1935

**STATISTICS  
THE GERMAN CATHOLIC CEMETERY SOCIETY**  
OF CINCINNATI, OHIO

UNDERTAKERS ORDERING GRAVES MUST FILL OUT THIS BLANK AND TAKE IT TO THE SECTION WHERE BURIAL IS MADE

Name of Deceased (in full) Infant Mary Faulhaber

Date of Death Sept. 8 1935 Place of Death \_\_\_\_\_

Single, Married or Widowed Still Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Place of Birth Norwood Occupation \_\_\_\_\_

Name of Parents Arthur Faulhaber Carrie Lieland

Disease \_\_\_\_\_

Direct Cause of Death \_\_\_\_\_

Indirect Cause of Death \_\_\_\_\_

Last Place of Residence 5204 Rolston Ave Norwood St. Mary Color White

Physician's Name J.J. Winn Date of Interment Sept. 10, 1935

In whose Lot Interred Elizabeth Faulhaber Lot 248 R Sec. 12

Size of Coffin, Cases or Box \_\_\_\_\_

\_\_\_\_\_  
Anthony Riedlinger  
Undertaker

STATE OF OHIO  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Hamilton Registration District No. 8228 File No. 54916  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 115  
or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of Norwood Ohio (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Faulhaber  
(a) Residence, No. 5204 Rolston St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 2 hours (If foreign birth? yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, Widowed or Divorced (write the word) <u>—</u>		16 DATE OF DEATH (month, day and year) <u>Sept 8 1935</u>	
5a If married, widowed or divorced HUSBAND of (or) WIFE of _____				17 I HEREBY CERTIFY, That I attended deceased from <u>9-8-4:30 AM '35</u> to <u>9-8-6:30 AM '35</u> that I last saw h. <u>alive</u> <u>9-8-</u> <u>1935</u> and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Premature Birth</u>	
6 DATE OF BIRTH (month, day, and year) <u>9-8-35</u>	7 AGE Years _____ Months _____ Days _____ If LESS than 1 day 2 hrs. or _____ min.	8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>—</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>—</u> (c) Name of employer <u>—</u>		CONTRIBUTORY (SECONDARY) <u>4 1/2 mts gestation</u> (duration) yrs. mos. ds.	
9 BIRTHPLACE (city or town) <u>Norwood Ohio</u> (State or country)				18 Where was disease contracted if not at place of death? _____	
10 NAME OF FATHER <u>Arthur Faulhaber</u>				Did an operation precede death? _____ Date of _____	
11 BIRTHPLACE OF FATHER (city or town) <u>Cincinnati Ohio</u> (State or country)				Was there an autopsy? _____	
12 MAIDEN NAME OF MOTHER <u>Carrie Lieland</u>				What test confirmed diagnosis? _____	
13 BIRTHPLACE OF MOTHER (city or town) <u>Batesville Ind</u> (State or country)				(Signed) <u>J.J. Winn</u> M. D. (Address) <u>Norwood</u>	
14 Informant <u>Arthur Faulhaber</u> (Address) <u>5204 Rolston Ave Norwood</u>				19 PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St Mary's</u> DATE OF BURIAL <u>Sept 9 1935</u>	
15 Filed <u>9-13-35</u> <u>J. J. Winn</u> REGISTRAR				20 UNDERTAKER, License No. <u>1472</u> ADDRESS <u>19 Green St</u> <u>A. Riedlinger</u>	

Last printed 11/24/2011 3:33 PM