Cincinnati Enquirer - April 14, 1942

KLUTE—Edward H. Klute. Sr., beloved bushand of Nelhe Lieland Khute and father of Mrs. Marie Ricketson Edward, Jr., Charles, Alma, Leroy, Robert Renneth, and Shirley Mac Kiute, Monday, April 13, 1942, residence, 4210 Twenty-ninth st., Oakley, Services Wednesday, April 15, at the Witt & Co., Bineral home, 3026 Madison rd., Hyde Fark, Oakley Square at 2 p. m.

1 PLACE OF DEATH	STATE OF OHIO PARTMENT OF HEALTH CERTIFICATE OF DEATH CERTIFICATE OF DEATH
Unmilton	Registration District No
Township	Primary Registration District NoB227 Registered No.
or Ciry of Cincinnati	TO Christ Hospital
Length of residence in city as town where death account	
2 FULL NAME Mr. Edward Klute Did Deceased Serve in U. S. Navy or Army	
(a) Residence. No. 4210 29th St. Ci	ty St., Ward (If nonresident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR 5. SINGLE, M. RRIED. Write Widowed or Married Divorced Married	the word 21. DATE OF DEATH (month, day, and year) 4-13-42, 19
5a If Married, Widowed, or Divorced Husband of (or) Wife of Mrs. Nellie Klute	22. I HERBY CERTIFY, That I attended decessed from 4-5-42, 19, to 4-13-42, 19. I last saw h im alive on 4-13-42, 19, death is said
6. DATE OF BIRTH (month, day, and year) 9-23-80	to have occurred on the data stand above as 9:40 As
7. AGE (years) Months Days If LESS than 1 day or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Intestinal Obstruction Date of enset
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	due to malignancy.
9. Industry or business in which / CINCINNACI work was done, as silk mill, saw mill, bank, etc	achine Ho
this occupation (mass and spent in this occupation 12. BIRTHPEACE (city or town)	CONTRIBUTORY CAUSES of importance not related to principal cause: Circulatory failure.
100	
13. NAME Henry Vlut	Name of operation Ileostomy Date of 4-5-42
	What test confirmed diagnosis? Was there an autopay? NO
15. MAIDEN NAME Sophia Sol	33. If death was due to external causes (violence) fill in also the following:
(State of Councy)	Accident, suicide, or homicide? Date of injury , 19 Where did injury occur?
The Signature of hos helling lite and (Address) 42/0-2 fth	(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, FREMATION, OR REMOVAL	patte patte.
17 40 1	Manner of injury
19. FUNERAL PIRMS WITH TO	Nature of injury 2
19a BURIED BY Canthe Addlic, No.	No
19b. EMBALMER Of Control Lic, No.	(Signed) Dr. Carry Dr. Ull M. D.
20. PILED APR 1 6 1942	gibres. Date 4-14 19 42 Address Chais