

Wilson, John F 1891 - 1953

Cincinnati Enquirer - March 29, 1953

**WILSON—John F.**, beloved husband of Ann Prows Wilson and father of Edward B. Wilson, of Evansville, Ind., and Dr. John F. Wilson Jr., Saturday, March 28, 1953; residence, 1119 Halpin Ave. Friends may call at George H. Rohde & Son funeral home, Linwood and Delta Aves., Monday after 4 P. M. Requiem high mass at the Church of Our Lord Christ the King Tuesday, March 31, at 9 A. M.

OHIO DEPARTMENT OF HEALTH DIVISION OF VITAL STATISTICS CERTIFICATE OF DEATH											
Reg. Dist. No. <u>3-04</u>		State File No. <u>19043</u>									
Primary Reg. Dist. No. _____		Registrar's No. <u>1938</u>									
1. PLACE OF DEATH a. COUNTY <u>HAMILTON</u>											
2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>OHIO</u> b. COUNTY <u>HAMILTON</u>											
b. CITY (If outside corporate limits, give township and village) <u>CINCINNATI</u>		c. LENGTH OF STAY (In this place) <u>49</u>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CINCINNATI GENERAL HOSPITAL</u>		d. STREET (If total city location) ADDRESS <u>1119 Halpin</u>									
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) _____ c. (Last) <u>Wilson</u>											
4. DATE OF DEATH (Month) <u>3</u> (Day) <u>28</u> (Year) <u>53</u>											
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5/20/91</u>								
9. AGE (In years last birthday) <u>61</u>		10. Under 1 Year Months <u>10</u> Days <u>8</u> Hours <u></u> Min. <u></u>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Investigator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Area Rent Office</u>									
11. BIRTHPLACE (State or foreign country) <u>N.Y.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13. FATHER'S NAME <u>Edward J. Wilson</u>		14. MOTHER'S MAIDEN NAME <u>Emily Stinson</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>U.S. Marine</u>		16. SOCIAL SECURITY NO. <u>276-14-8770</u>									
17. INFORMANT'S SIGNATURE <u>Ann Wilson</u>											
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, asphyxia, etc. It means the disease, injury, or complication which caused death.											
MEDICAL CERTIFICATION											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>											
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>4/201</u>											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>carcinomatosis of peritoneum</u>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION									
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office building, forest, etc.)									
21c. CITY, VILLAGE, OR TOWNSHIP (COUNTY) (STATE)											
21d. TIME (Month) (Day) (Year) (Hour) (Min.) OF INJURY		21e. INJURY OCCURRED While at <input type="checkbox"/> Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>									
21f. HOW DID INJURY OCCUR?											
22. I hereby certify that I attended the deceased from <u>3/26/53</u> , 19 <u>53</u> , to <u>3 28</u> , 19 <u>53</u> , and that death occurred at <u>8:30</u> A. M., from the causes and on the date stated above.											
23a. SIGNATURE <u>S. J. [Signature]</u>		23b. ADDRESS <u>1119 Halpin</u>									
23c. DATE SIGNED <u>3/31/53</u>											
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/31/53</u>									
24c. NAME OF CEMETERY OR CREMATORY <u>Gate Of Heaven</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery Ohio</u>									
Sub-Registrar's Signature <u>R. E. Welton</u>		NAME OF EMBALMER (LIC. NO.) <u>Ray A. Leopold 4804-A</u>									
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Mar 31 1953</u>		25. FUNERAL DIRECTOR'S SIGNATURE (LIC. NO.) <u>John N. Rohde 1495</u>									