

Told, Edgar H 1887 - 1943

Cincinnati Enquirer - August 20, 1943

TOLD—Edgar H. Told, beloved husband of Mary Ceal Told (nee Zumbick) and father of Mrs. Virginia Bay, Carolyn and James Told, suddenly, Wednesday, August 18, 1943; residence, 6719 Maple st., Mariemont. Services Thomas funeral home, 4418 Whetsel ave., Madisonville, Friday, at 2 p. m.

OHIO DEPARTMENT OF HEALTH COLUMBUS			
Reg. Dist. No. <u>494</u>		State File No. <u>53640</u>	
Primary Reg. Dist. No. <u>2539</u>		Registrar's No. <u>4937</u>	
1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Hamilton</u>		(a) State <u>Ohio</u> (b) County <u>Hamilton</u>	
(b) <u>Mariemont</u> (City, Village, Township)		(c) City or village <u>Mariemont</u> (If outside city or village, write RURAL)	
(c) Name of hospital or institution: <u>6719 Maple Ave.</u> (If not in hospital or institution, write street No. or location)		(d) Street No. <u>6719 Maple Ave.</u> (If rural, give location)	
(d) Length of stay: In hospital or institution _____ (Days) In this community _____ (Years, months or days)		(e) If foreign born, how long in U. S. A.? <u>SEP 1943</u>	
3. FULL NAME <u>Edgar H. Told</u>		MEDICAL CERTIFICATION	
(a) If veteran, name war <u>World War I</u>		20. Date of death: Month <u>Aug.</u> day <u>18</u> year <u>1943</u> hour <u>12:30</u> AM minute _____	
(b) Social Security No. <u>718-16-2252</u>		21. I hereby certify that I attended the deceased from <u>Aug 18</u> , 19 <u>43</u> , to <u>Aug 18</u> , 19 <u>43</u> that I last saw him alive on <u>not at all</u> , 19 <u>43</u> ; and that death occurred on the date and hour stated above.	
4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>married</u>	6. (c) Age of husband or wife if alive _____ years
6. (b) Name of husband or wife <u>Mary Zumbick</u>		7. Birth date of deceased <u>June 12 1887</u> (Month) (Day) (Year)	
8. AGE: Years <u>56</u> Months <u>2</u> Days <u>6</u>	If less than one day hr. min.		
9. Birthplace <u>Frankfort Ky</u> (City, town, or county) (State or foreign country)			
10. Usual occupation <u>Driving Car Steward</u>			
11. Industry or business <u>Southern R.R.</u>			
12. Name <u>Joseph H. Told</u>			
13. Birthplace <u>Ohio</u> (City, town, or county) (State or foreign country)			
14. Maiden name <u>Lucia Bella Told</u>			
15. Birthplace <u>Evans Indiana</u> (City, town, or county) (State or foreign country)			
16. (a) Informant's signature <u>Mary Told</u>			
(b) Address <u>6719 Maple Ave. Mariemont</u>			
17. (a) Burial, cremation, or other; (b) Date <u>8-20-43</u> (Month) (Day) (Year)			
(c) Place <u>Walnut Hills</u>			
(d) <u>J. Graham</u> <u>2963A</u> (Name of Embalmer) (Lic. No.)			
18. (a) <u>Wm. A. Thomas</u> <u>1740</u> (Signature of Funeral Director) (Lic. No.)			
(b) Address <u>Cincinnati - O.</u>			
19. (a) <u>SEP 1 1943</u> (Date received local registrar)			
(b) <u>Joe Back</u> (Registrar's signature)			
22. If death was due to external causes, fill in the following:			
(a) Accident, suicide, or homicide (specify) _____			
(b) Date of occurrence _____			
(c) Where did injury occur? (City or Village) (County) (State) _____			
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____			
While at work? (e) How did injury occur? _____			
23. Signature <u>Harry R. Kienlebach M.D.</u> (Specify Doctor of Medicine or Osteopathy)			
Address <u>4534 Whetsel</u> Date signed <u>8/28/43</u>			