

Registration District No. 128

Primary Registration District No. 5466

1. PLACE OF DEATH:

(a) County: **GREENE**
(b) City or town: **Rural, S. Campbell Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Med. Center for Federal Prisoners.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **6 months**
In this community: **6 months.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Ohio.** (b) County: **FRANKLIN 997**
(c) City or town: **Columbus.** **33**
(If outside city or town limits, write "RURAL")
(d) Street No.: **604 Linwood Ave.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: **J**

3. (a) PRINT FULL NAME: **ROSENTHAL, Martin A.**

(b) If veteran, name war: **UNK.** (c) Social Security No.: **UNK.**

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**
6. (b) Name of husband or wife: **Matilda Teeper** 6. (c) Age of husband or wife if alive: **44** years
7. Birth date of deceased: **Aug. 10, 1893**
(Month) (Day) (Year)

8. AGE: Years: **50** Months: **II** Days: **7** If less than one day: hr. min.

9. Birthplace: **Pittsburgh Pennsylvania**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Dealer**

11. Industry or business: **Scrap Metal**

12. Name: **John Rosenthal**

13. Birthplace: **UNK.** **UNK.**
(City, town, or county) (State or foreign country)

14. Maiden name: **Rebecca Berger**

15. Birthplace: **UNK.** **UNK.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **File**

(b) Address: **Med. Centr. Fed. Prisoners.**

17. (a) **Removal** (b) Date thereof: **July 17, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Columbus, Ohio**

18. (a) Signature of funeral director: **Edd C. Thiene**

(b) Address: **1100 Boonville Ave. Sptl. No. 2**

19. (a) **7-17-44** (b) **Dr. W. E. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **July** day: **17**
year: **1944** hour: **10** minute: **00** AM.

21. I hereby certify that I attended the deceased from: **January 16, 1944** to **July 17** 1944;
that I last saw him alive on: **July 17** 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Thrombosis** Sudden

Due to:

Due to:

Diabetes Mellitus 7 yrs.

Other conditions: **Arteriosclerotic Heart Disease**

Major findings: **Of operations:**

Of autopsy: **Not performed**

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 town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury:

23. Signature: **W. E. Handley** (M. D. or D. O.)

Address: **Medical Center Fed. Pris.** Date signed: **7/17/44**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2900

X28390

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred C. Thieme

Licensed Embalmer No. 28991

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

X