

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Cuyahoga Registration District No. 8119 File No. 55350
Township Lakewood Primary Registration District No. 520 Registered No. 520
or Village Lakewood No. St. Ward
or City of Cleveland Ohio (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Albert Beckenbach
(a) Residence. No. 1499 Larchmont 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married

5a If married, widowed or divorced HUSBAND of Lillie W. Beckenbach (or) WIFE of Lillie W. Beckenbach

6 DATE OF BIRTH (month, day, and year) Feb. 10-1864

7 AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
57 7 23

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Wholesale Drug
(b) General nature of Industry, business, or establishment in which employed (or employer) H. B. Drug Co.
(c) Name of employer

9 BIRTHPLACE (city or town) Cleveland Ohio
(State or country)

10 NAME OF FATHER Henry Beckenbach

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Catharine Becker

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Lillie W. Beckenbach
(Address) 1499 Larchmont

15 Filed 10/6/21

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Oct. 3 1921

17 I HEREBY CERTIFY, That I attended deceased from July, 1921, to Oct 3, 1921, that I last saw him alive on Sept 20, 1921, and that death occurred, on the date stated above, at 3 P m.
The CAUSE OF DEATH* was as follows:
Carcinoma of Mediastinum

(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
18 Where was disease contracted
if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical examination
(Signed) J. M. Halligan M. D.

(Address) 1762 W 25
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Lake View Cemetery DATE OF BURIAL Oct. 6 1921

20 UNDERTAKER, License No. 7295A ADDRESS 2340 E. 55th
Wm R. Miller

PARENTS

REGISTRAR