Name	Eunice Marie
	Lantzenheiser
Event Type	Death
Event Date	03 Mar 1937
Event Place	Toledo, Lucas, Ohio
Address	1213 Upton Ave.
Gender	Female
Age	21
Marital Status	Married
Race	White
Occupation	Housewife
Birth Date	05 Aug 1915
Birthplace	Toledo, Ohio
Birth Year (Estimated)	1916
Burial Date	05 Mar 1937
Cemetery	Forest
Father's Name	Fred Bockbrader
Father's Birthplace	Pemberville, Ohio
Mother's Name	Mary S. Ross
Mother's Birthplace	Loundonville, Ohio
Spouse's Name	Robert J. Lantzenheiser

Ohio Deaths, 1908-1953

File Number fn 19615 GS Film number 2023493 Digital Folder Number004020737 Image Number 02055

Citing this Record

"Ohio Deaths, 1908-1953," database with images, FamilySearch

(https://familysearch.org/ark:/61903/1:1:XZDB-V87: 8 December 2014), Eunice Marie Lantzenheiser, 03 Mar 1937; citing Toledo, Lucas, Ohio, reference fn 19615; FHL microfilm 2,023,493.

DEPAR	TATE OF OHIO TMENT OF HEALTH
0	OF VITAL STATISTICS VICATE OF DEATH
	on District No. 769 File No. 19615
	Registration District No. 8, 379 Registered No.
	and the state of t
	urred in a hospital or institution, give its NAME instead of street and number)
or City of	
	ds. How long in U. S., if of foreign birth?mosds.
	Marketset U. S. Navy or Army
(a) Residence. No./2/3 (Usual place of abode)	St., Ward. (If nonresident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, and year) 3-3 , 1937
Temale White Married	I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divoroed the first form	Heb. 26 1037, to flancy 3, 19.37
(or) WIFE of Covery - G. Langenter	Wast saw ben alive on March 3 19.3 death is said
6. DATE OF BIRTH (month, day, and year) 8 -5-1913	to have occurred on the date stated above at
7. AGE Years Months Days If LESS than	The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:
2 6 8 ormin.	DI D
8. Trade profession, or particular kind of work done, as spinner,	dotar Treusususa 126
sawyer, bookkeeper, etc.	7. 300 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
work was done, as silk mill form	TIMO
D 10. Date deceased last worked at 11. Total time (years)	
2 O year) occupation occupation	CONTRIBUTORY CAUSES of importance not related to principal cause:
12. BIRTHPLACE (city or town).	P-1 - 2/2
(State or country)	Varierities 127
13. NAME Led Gockbrader	- C Par d' - \
1 14 BIKIHPLACE (CITY OF TOWN)	Name of operation Date of What test confirmed diagnosis Classes Was there an autopsy?
S (State or country) O Kio:	23. If death was due to external causes (violence) fill in also the fol-
	lowing: Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur? (Specify city or town, county, and State)
The Signature of Off Musi Kull January and (Address)x 18. BURIAL, CREMATION, OR REMOVAL	201) Specify whether injury occurred in industry, in home, or in public place.
and (Address)x // /273 : Upton Cit.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Day Day 193/	24. Was disease or injury in any way related to occupation of deceased?
19. FUNERAL DIRECTOR KOLLEGE PROPERTY NO. 3 d	w _ ~ m
(Address) 19a. Was body embalmed Like No. 423	If so, specify
20 RILED 3/4- 1098- SAMN XAMUUB	(Signed) The Difference M. D.
Registrar.	Date 2.193 Address 2302 Holly Word