ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7169

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2831

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 10 Yrs IN ARIZONA: 10 Yrs
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 6319 N. 8th. Ave.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) J. B. (MIDDLE) Otto C. (LAST) Stromsholt
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH: MONTH June DAY 16 YEAR 1899
8. AGE (IN YEARS LAST BIRTHDAY): 53 IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Carpenter
9B. KIND OF BUSINESS OR INDUSTRY: Contracting
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Denmark
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. 097-10-8161
14A. FATHER'S NAME: Jorgen Stromsholt
14B. BIRTHPLACE (STATE OR COUNTRY): Denmark
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Denmark
16. INFORMANT'S SIGNATURE: Anna N. Stromsholt ADDRESS: 6319 No. 8th. Ave.
17. DATE OF DEATH (MONTH) December (DAY) 30 (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 5-8-10
+THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Hepatic Insufficiency — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Portal Cirrhosis
DUE TO (C)
11. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: 6/15/52
19B. MAJOR FINDINGS OF OPERATION: Porto-Caval Shunt for Cirrhosis
20. AUTOPSY? YES ☒ NO ☐

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-5, 19 52 TO 12/30, 19 52 THAT I LAST SAW THE DECEASED ALIVE ON 12/30, 19 52 AND THAT DEATH OCCURRED AT 3:48 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: H. Coleman (?) (DEGREE OR TITLE) M.D.
23B. ADDRESS: 1626 No Central
23C. DATE SIGNED: 12/31/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Jan. 2, 1953
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 12/31/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore — A. L. MOORE, PHOENIX, ARIZONA
27. EMBALMER'S SIGNATURE: James Stoutenmyer — CERT. NO. 310

FORM VS 2 REV. 4-15-52