

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 800

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1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 9 1/2 yrs IN ARIZONA 9 1/2 yrs		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 <input type="checkbox"/> OUTSIDE CITY LIMITS <input checked="" type="checkbox"/>		C. CITY OR TOWN Phoenix IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 1829 W. Pierson St.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1829 W. Pierson St.	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Fred		B. (MIDDLE) Robert		C. (LAST) RUTHENBERG	4. SEX Male
5B. NAME OF SPOUSE Thelma B.		7. DATE OF BIRTH MONTH May DAY 31 YEAR 1900		B. AGE (IN YEARS LAST BIRTHDAY) 54	5. COLOR OR RACE White
9B. KIND OF BUSINESS OR INDUSTRY Carpet	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. 479-09-1737	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
14A. FATHER'S NAME Fred Ruthenberg		14B. BIRTHPLACE (STATE OR COUNTRY) Germany		15A. MOTHER'S MAIDEN NAME Clara Hesler	
16. INFORMANT'S SIGNATURE AND ADDRESS Mrs. Thelma B. Ruthenberg (wife) 1829 W. Pierson St., Phoenix, Arizona				17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 24, 1955	

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). ‡ THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) BRONCHOGENIC CARCINOMA		INTERVAL BETWEEN ONSET AND DEATH 8 MO.	
‡ THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		DUE TO (B)			
PLACE DISEASE CONTRACTED.		DUE TO (C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **4-21-55** TO **3-24-55**, THAT I LAST SAW THE DECEASED ALIVE ON **3-21-55**, AND THAT DEATH OCCURRED AT **2:30 P.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) Chas. Lewis MD		22B. ADDRESS Phoenix, Ariz		22C. DATE SIGNED 3-28-55	
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
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24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 30 28-55	25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
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26A. DATE REC. BY LOCAL REG. 3/28/55	26B. REGISTRAR'S SIGNATURE Buriah Johnston		27A. FUNERAL DIRECTOR'S SIGNATURE Jack Hausner		27B. ADDRESS Grimshaw Mortuary 334 WEST MONROE PHOENIX, ARIZONA
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