ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7828

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1496

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY IN THIS TOWN / IN ARIZONA: 18 Winters
C. CITY OR TOWN: Tucson — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2232 North Forgeus

2. USUAL RESIDENCE (WHERE DECEASED LIVED. (IF INSTITUTION: RESIDENCE BEFORE ADMISSION))
A. STATE: Wisconsin
B. COUNTY
C. CITY OR TOWN: Oshkosh — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS: P.O. Box 768
E. IS RESIDENCE ON A FARM? (IF RURAL, GIVE LOCATION) YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Viola
B. (MIDDLE):
C. (LAST): Albrecht

4. SEX: Fe.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Clarence
7. DATE OF BIRTH: MONTH 3 DAY 5 YEAR 92
8. AGE (IN YEARS LAST BIRTHDAY): 65
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Wisconsin
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)
(IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. 396-05-2759
14A. FATHER'S NAME: Azara Germain
14B. BIRTHPLACE (STATE OR COUNTRY): Canada
15A. MOTHER'S MAIDEN NAME: Mary Perreault
15B. BIRTHPLACE (STATE OR COUNTRY): Wisconsin
16. INFORMANT'S SIGNATURE / ADDRESS: Clarence Albrecht - Oshkosh, Wisconsin
17. DATE OF DEATH: (MONTH) November (DAY) 3, (YEAR) 1957

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.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Years
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-29- 1956 TO 11-3- 1957, THAT I LAST SAW THE DECEASED ALIVE ON Oct. 10th 1957, AND THAT DEATH OCCURRED AT 10:20 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE / (DEGREE OR TITLE): William S. Brodin MD
22B. ADDRESS: 2430 East 6th, Tucson
22C. DATE SIGNED: 11-6-57

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE X (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: 11-4-57
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Oshkosh, Wisconsin
26A. DATE REC. BY LOCAL REG.: 11-7-57
26B. REGISTRAR'S SIGNATURE: Herman H. Gabel
27A. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Locum
27B. ADDRESS: Arizona Mortuary
28. EMBALMER'S SIGNATURE: Pablo S. Cota
28B. EMBALMER'S CERT. NO. 347

FORM VS-2 REV. 3-15-55