PUNCHED VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 5232

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2202

**PLACE OF DEATH AND USUAL RESIDENCE**

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 1 YR; IN ARIZONA 1 YRS.
C. CITY OR TOWN: PHOENIX — 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): ST. JOSEPH

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: MARICOPA
C. CITY OR TOWN: PHOENIX — X IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 402 E. BUTLER
E. IS RESIDENCE ON A FARM? YES ☐ NO X

**DECEDENT PERSONAL DATA**

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) WILDA B. (MIDDLE) C. (LAST) GLADU
4. SEX: FM.
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 5 DAY 20 YEAR 1877
8. AGE (IN YEARS LAST BIRTHDAY): 84 — 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:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): CANADA
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.: UNK.
14A. FATHER'S NAME: PAUL ST. JEAN
14B. BIRTHPLACE (STATE OR COUNTRY): CAMADA
15A. MOTHER'S MAIDEN NAME: DELPHINE BRAULT
15B. BIRTHPLACE (STATE OR COUNTRY): CANADA
16. INFORMANT'S SIGNATURE: Prota Funeral Home — ADDRESS: Providence, Rhode Island
17. DATE OF DEATH (MONTH) 6 (DAY) 9 (YEAR) 1962

**CAUSE OF DEATH (ITEM 18)**

1810 / 0

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) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Primary Carcinoma Urinary Bladder. — 1960

DUE TO (C) Primary Adenocarcinoma Coecum - & Coeco-cutaneous fistula — 1961

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

**OPERATIONS, AUTOPSY**

19A. DATE OF OPERATION: 6/1/62
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Coecum & Coeco cutaneous fistula — Carcinoma Bladder — Metastatic Carcinomatosis
20. AUTOPSY? YES ☐ NO ☐

**MEDICAL CERTIFICATION**

5402

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1961 TO 6/8 1962 AND THAT I LAST SAW THE DECEASED ALIVE ON 6/8 1962 AND THAT DEATH OCCURRED AT 2:00 am M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: A. T. Ramen Ojsly (DEGREE OR TITLE) MD.
22B. ADDRESS: 461 W. CATALINA Dr. Phx
22C. DATE SIGNED: 6/9/62

**DEATH DUE TO EXTERNAL VIOLENCE**

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)
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 ☐
25B. DATE: 6-10-62
25C. NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery West Warwick, Rhode Island
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): West Warwick, Rhode Is.
26A. DATE REC. BY LOCAL REG.: 6/9/62
26B. REGISTRAR'S SIGNATURE: Beulah J. Lucas
27A. FUNERAL DIRECTOR'S SIGNATURE: R. M. Mortensen
27B. ADDRESS: 1020 W. Washington Phoenix, Arizona
28A. EMBALMER'S SIGNATURE: R. M. Mortensen
28B. EMBALMER'S CERT. NO.: 261

FORM VS-2 REV. 8-9-60 - 25M 18