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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 308
Registrar's No. 1881

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (If outside city limits also write RURAL) (c) Location Good Samaritan Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 day; In Community 28 years; In Arizona 28 years (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix (If outside city limits also write RURAL)

(d) Street No. 2202 North 11th Avenue; (e) Citizen of foreign country (Yes or No) NO If Yes, which country No

3. (a) FULL NAME Gustave E. Engstrom (b) If Veteran name war No (c) Social Security No. None

4. Sex Male

5. Race White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Jennie Naegle

6. (c) Age of husband or wife, if alive 46 yrs.

7. Birthdate of deceased July 25, 1891 (Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 2 If less than one day hrs. XXXXXX min. XXXXXX

9. Birthplace Topeka, Kansas (City, town or county) (State or Country)

10. Usual Occupation Manager

11. Industry or Business Arizona Sash & Door & Glass Company

Father
12. Name Gus Erick Engstrom
13. Birthplace ----------Sweden (City, town or county) (State or Country)

Mother
14. Maiden Name Nellie Anderson
15. Birthplace Princeton, Rhode Island (City, town or county) (State or Country)

16. (a) Informant's own signature Jennie N. Engstrom
(b) Address 2202 North 11th Avenue

17. (a) Burial, Cremation or Removal Burial
(b) Place Greenwood (c) Date 10-30- 1946

18. (a) Embalmer's Signature L. M. Mortensen
(b) Funeral Director Mortensen-Kingsley Mortuary
(c) Address 1020 West Washington

19. (a) NOV 6 1946 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 27, 1946;
TIME (Hour and minute) 10:45 P.M. M.

21. I hereby certify that I attended the deceased from Oct 26, 1946 to Oct. 27, 1946 that I last saw him alive on Oct. 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS

Due to

Due to

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

DURATION 24 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. D. Sharpe M. D.
Address 1102 E. Culver Date signed 10-31-46

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