

400583

STANDARD CERTIFICATE OF DEATH  
FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

5552

State File No. \_\_\_\_\_  
Registrar's No. 1474  
Location 6500 N. 10th Ave.  
(St. & No. (or) Name of Institution)  
In Arizona 5 1/4 Years

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location 6500 N. 10th Ave.  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution None; In Community 5 1/4 Years  
(Specify whether years, months or days) In Arizona 5 1/4 Years  
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. 6500 N. 10th Ave. (e) Citizen of foreign country (Yes or No) NO  
3. (a) FULL NAME Walter Ott Stromsholt (b) If veteran name war None (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Race White  Indian  Negro  Oriental  6. (a) Single, married, widowed or divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.  
7. Birthdate of deceased October 17, 1927  
(Month) (Day) (Year)  
8. AGE: Years 21 Months 0 Days 11 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Staten Island, New York  
(City, town or county) (State or Country)  
10. Usual Occupation None  
11. Industry or Business None  
Father { 12. Name Ott Stromsholt  
13. Birthplace Denmark  
(City, town or county) (State or Country)  
Mother { 14. Maiden Name Anna Hansen  
15. Birthplace Denmark  
(City, town or county) (State or Country)  
16. (a) Informant's own signature Anna Stromsholt  
(b) Address Rt. 8 Box 240 A, Phoenix, Ariz.

MEDICAL CERTIFICATION  
20. DATE OF DEATH (Month, day and year) October 28, 1948  
TIME (Hour and minute) 10:00 AM M.  
21. I hereby certify that I attended the deceased from Jan 1947  
\_\_\_\_\_ 19\_\_\_\_ to Oct \_\_\_\_\_ 1948;  
that I last saw him alive on Oct 27 \_\_\_\_\_ 1948;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Bronchiectasis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within three months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically

DURATION  
10 years  
PHYSICIAN

17. (a) Burial, Cremation or Removal Burial  
(b) Place Greenwood, Phoenix, 10-30-48  
18. (a) Embalmer's Signature [Signature] #269  
(b) Funeral Director A. J. Moore & Sons  
(c) Address 333 W. Adams, Phoenix, Arizona  
19. (a) \_\_\_\_\_ OCT 29 1948  
(Date received Local Registrar)  
(b) [Signature]  
(Registrar's Signature)

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 [Signature] M. D.  
Address 800 N. 1st Ave Date signed 10-28-48