

MINNESOTA DEPARTMENT OF HEALTH 014736  
 Section of Vital Statistics  
**CERTIFICATE OF DEATH**

24474  
 3251

1. PLACE OF DEATH STATE OF MINNESOTA a. COUNTY <b>Hennepin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Minnesota</b> b. COUNTY <b>Hennepin</b>	
b. CITY, VILLAGE OR TOWNSHIP <b>Minneapolis</b> <small>Hospital</small>		c. CITY, VILLAGE OR TOWNSHIP <b>Minneapolis</b>	
c. LENGTH OF STAY in 1 b. <b>50 years</b>		d. STREET ADDRESS POST OFFICE <b>2926 Columbus Avenue</b>	
d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION <b>Swedish Hospital</b>		e. IS RESIDENCE INSIDE CORPORATE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		f. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input type="checkbox"/> NO	

3. NAME OF DECEASED (Type or Print) <b>Hjalmer O. Peterson a/k/a Ole I. Skratthult</b>		4. DATE OF DEATH Month <b>June</b> Day <b>24</b> Year <b>1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 7, 1886</b>
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>14</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS Hours <b>0</b> Min. <b>0</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Entertainer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH-PLACE (State or foreign country) <b>Sweden</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. SPOUSE'S NAME <b>Mora Peterson</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOC. SEC. NO. (If yes, give war or dates of service)	17. INFORMANT'S OWN SIGNATURE <i>Karl F. Peterson</i>	ADDRESS <b>5124 Knox Ave. So. Mpls., Minn.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <b>10 days.</b>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>C. V. A.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c). DUE TO (b) <b>Hypertension</b>		
DUE TO (c) <b>Pericardial Anemia - controlled</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20a. ACCIDENT, SUICIDE OR HOMICIDE. (SPECIFY):	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <b>5:21</b> P.M. Month <b>6</b> Day <b>24</b> Year <b>1960</b>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.)
20f. CITY, VILLAGE OR TOWNSHIP <b>Minneapolis</b>	COUNTY <b>Hennepin</b> STATE <b>Minnesota</b>

21. I certify I attended the deceased from **1952** and that I last saw the deceased alive on **6-24-1960** and that death occurred at **5:21 PM** on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C. Swindson M.D.</i>	(Degree or title)	22b. ADDRESS <b>743 E. Lake - Supts</b>	22c. DATE SIGNED <b>6-27-60</b>
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23. BURIAL CREMATION? (Specify) <b>Burial</b>	23a. DATE <b>June 28, 1960</b>	23b. NAME OF CEMETERY OR CREMATORY <b>Lakewood</b>	23c. LOCATION (City, village or county) (State) <b>Minneapolis, Minnesota</b>
24. DATE FILED BY LOCAL REG. <b>JUN 28 1960</b>	25. REGISTRAR'S SIGNATURE <i>Elizabeth C. Smith</i>	26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR <i>A. V. Yanson #1706</i>	ADDRESS <b>Thompson Brothers, Minneapolis, Minn.</b>

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Signature of Sub-Registrar  
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 Burial or removal permit issued