

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

24474
 3251

1. PLACE OF DEATH STATE OF MINNESOTA a. COUNTY Hennepin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Minnesota b. COUNTY Hennepin	
b. CITY, VILLAGE OR TOWNSHIP Minneapolis Hospital		c. CITY, VILLAGE OR TOWNSHIP Minneapolis	
c. LENGTH OF STAY in 1 b. 50 years		d. STREET ADDRESS POST OFFICE 2926 Columbus Avenue	
d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION Swedish Hospital		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) Hjalmer O. Peterson a/k/a Ole I. Skratthult		4. DATE OF DEATH Month June Day 24 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 7, 1886
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 7 Days 14 Hours 15 Min. 00	IF UNDER 24 HRS Hours 15 Min. 00

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Entertainer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH-PLACE (State or foreign country) Sweden	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. SPOUSE'S NAME Mora Peterson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOC. SEC. NO. (If yes, give war or dates of service)	17. INFORMANT'S OWN SIGNATURE <i>Karl F. Peterson</i>	ADDRESS 5124 Knox Ave. So. Mpls., Minn.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH 10 days.
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) C. V. A.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c). DUE TO (b) Hypertension		
DUE TO (c) Pericardial Anemia - controlled		
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 5:21 P.M. Month 6 Day 24 Year 1960	
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 Minneapolis	COUNTY Hennepin STATE Minnesota

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

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MEDICAL CERTIFICATION

Signature of Sub-Registrar

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Serial or removal permit issued