

OFFICE ONLY

DISTRICT

DECEASED

HOSPITAL

CURRENT RESIDENCE

RESIDENCE

ACT

OCCUPATION

108

C

8-

136

LOC

SERIES

SEP 7 1985

6196

LOCAL FILE NUMBER

VITAL RECORDS

CERTIFICATE OF DEATH

146-8

5 19474

STATE FILE NUMBER

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

DECEASED

PARENTS

CREMATION

CERTIFIER

CAUSE OF DEATH

1 NAME FIRST, MIDDLE, LAST <b>HILDA HAHN</b>		2 SEX <b>Female</b>	3 DEATH DATE (MO DAY YR) <b>July 21, 1985</b>		146-8		5 19474	
4 RACE (WHITE, BLACK, AM IND ETC (SPECIFY)) <b>White</b>	5 AGE - LAST BIRTH DAY (YRS) <b>76</b>	6 UNDER 1 YEAR MOS	7 UNDER 1 DAY DAYS HOURS MINS	8 BIRTHDATE (MO DAY YR) <b>May 12, 1909</b>	9 COUNTY OF DEATH <b>King</b>			
10 CITY, TOWN OR LOCATION OF DEATH <b>Seattle</b>		11 PLACE OF DEATH - <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 0 <input type="checkbox"/> HOME 2 <input type="checkbox"/> INTRANSPORT 3 <input type="checkbox"/> EMERG RM/OUT PTN 4 <input checked="" type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 1 <input type="checkbox"/> OTHER PLACE <b>Swedish Hospital</b>			12 RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED? <b>No</b> YES/NO			
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY) <b>Germany</b>	14 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>		16 SPOUSE (IF WIFE GIVE MAIDEN NAME) <b>William Hahn</b>		17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) <b>No</b>		
18 SOCIAL SECURITY NO. <b>532-42-4266</b>		19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) <b>Homemaker</b>			20 KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>			
21 RESIDENCE - NUMBER AND STREET <b>3206 28th. Ave. W.</b>		22 CITY/TOWN, OR LOCATION <b>Seattle</b>		23 INSIDE CITY LIMITS? (YES/NO) <b>Yes</b>	24 COUNTY <b>King</b>	25 STATE <b>WA. 98199</b>		
26 FATHER - NAME FIRST, MIDDLE, LAST <b>Aaron Hess</b>			27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST <b>Carolina Strauss</b>					
28 INFORMANT NAME <b>Richard G. Hahn</b>		29 MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP <b>200 Dhu Varren Road Ann Arbor, Michigan 48105</b>						
30 BURIAL, CREMATION REMOVAL, OTHER (SPECIFY) <b>Cremation</b>		31 DATE (MO DAY YR) <b>July 23, 1985</b>	32 CEMETERY/CREMATORY - NAME <b>Bleitz Crematory</b>		33 LOCATION CITY/TOWN STATE <b>Seattle, Washington</b>			
34 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		35 NAME OF FACILITY <b>Bleitz Funeral Home</b>		36 ADDRESS OF FACILITY <b>316 Florentia St. Seattle, WA. 98109</b>				
37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED				41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED				
SIGNATURE AND TITLE <i>[Signature]</i>				SIGNATURE AND TITLE <i>[Signature]</i>				
38 DATE SIGNED (MO DAY YR) <b>7/22/85</b>		39 HOUR OF DEATH (24 HRS) <b>0745 Hours</b>		42 DATE SIGNED (MO DAY YR)		43 HOUR OF DEATH (24 HRS)		
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>Dr. Andrew J. Martinis; M.D. 801 Broadway #522 Seattle, WA. 98122</b>				44 PRONOUNCED DEAD (MO DAY YR)		45 HOUR PRONOUNCED DEAD (24 HRS)		
46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) <b>Dr. Andrew J. Martinis; M.D. 801 Broadway #522 Seattle, WA. 98122</b>								
47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))		INTERVAL BETWEEN ONSET AND DEATH						
(A) <b>Brain stem CVA</b>		<b>9 days</b>						
(B) <b>Cerebral arteriosclerosis</b>		<b>years</b>						
(C)		INTERVAL BETWEEN ONSET AND DEATH						
48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE <b>Post op (R) cerebral embolus</b>						49 AUTOPSY? (YES/NO) <b>No</b>		
51 ACC., SUICIDE, HOM., UNDER OR PENDING INVEST (SPECIFY)		52 INJURY DATE (MO DAY YR)	53 HOUR OF INJURY (24 HRS)	54 DESCRIBE HOW INJURY OCCURRED <b>No</b>				
55 INJURY AT WORK? (YES/NO)		56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY OFFICE BLDG ETC (SPECIFY)		57 LOCATION STREET OR RFD NO CITY/TOWN STATE				
58 REGISTRAR SIGNATURE <i>[Signature]</i>		59 DATE RECEIVED (MO DAY YR) <b>JUL 23 1985</b>						

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

FOR STATE REGISTRAR USE ONLY