

MANITOWOC COUNTY REGISTER OF DEEDS

Form No. VS 13-7/54-75M

State Birth No.

WISCONSIN STATE BOARD OF HEALTH CERTIFICATE OF DEATH

VOL **49** PAGE **38**
Local Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY Manitowoc		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE Wisconsin COUNTY Manitowoc	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Two Rivers		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Two Rivers	
d. FULL NAME OF HOSPITAL OR INSTITUTION Municipal Hospital		d. STREET ADDRESS (If rural, give location) 1718-24th Street	
3. NAME OF DECEASED (Type or Print) a. (First) EMMA	b. (Middle)	c. (Last) SCHADEN	4. DATE OF DEATH (Month) (Day) (Year) Aug. 9, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 15, 1874
9. AGE (In years) 81		If under 1 year Months Days	If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Cooperstown, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Wenzel Elmer	
14. MOTHER'S MAIDEN NAME Barbara Skwor		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Hubert Simono	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arterio sclerotic heart disease ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of hip	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 5, 1955 to Aug. 9, 1955 , that I last saw the deceased alive on Aug. 9, 1955 and that death occurred at 9:05 A.M. from the cause and on the date stated above.			
23a. SIGNATURE (Degree or title) A. P. Zlatnik M.D.		23b. ADDRESS Two Rivers, Wis.	
23c. DATE SIGNED 8-16-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug. 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town or county) (State) Two Rivers, Manitowoc, Wis.		25. FUNERAL DIRECTOR 1903 ADDRESS Edwin A. Klein Two Rivers, Wis.	
DATE REC'D BY LOCAL REG. 8-10-55		REGISTRAR'S SIGNATURE A. P. Zlatnik, M.D.	

A.P. Zlatnik

I Preston F. Jones, Register of Deeds, Manitowoc County, Wisconsin, do hereby certify that this is a true and correct copy of the record filed in this office; exclusive of any confidential information.

Preston F. Jones
Preston F. Jones,
Register of Deeds

Date Issued: **OCT 14 2004**

THIS RECORD HAS A RAISED SEAL. IT IS ILLEGAL TO REPRODUCE THIS DOCUMENT PER WISCONSIN STATUTE 69.24

This padlock icon is printed with ink that responds to warmth. Place your thumb on it and it should change appearance. If it does not, this may not be an original document.