

**STANDARD CERTIFICATE OF DEATH**

State File No. **12710**

No. 300  
10/48

**FILED MAR 20 1953**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>752</u>	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Wisconsin</u> b. COUNTY <u>Marathon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wausau</u>		8480	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1802 EMERSON ST. 8</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Joseph</u>			b. (Middle) <u>Anthony</u>	
			c. (Last) <u>KASS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 15, 1902</u>	
9. AGE (In years last birthday) <u>51</u>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 1 YEAR Hours _____ Mts. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>News Dealer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dubuque - Iowa</u>			
13a. FATHER'S NAME <u>Joseph A. Kass</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kelly</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Loretta E. Kass</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert M. Kass 5023 Hawth St. Shaw</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</u>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		ANTECEDENT CAUSES					
		DUE TO (b) <u>Hypertensive Cardio</u>					
		DUE TO (c) <u>Vascular Disease</u>					<u>4 weeks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>					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 OF INJURY (Month) (Day) (Year) (Hour)		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 <u>5 Feb, 1953</u> , to <u>7 March, 1953</u> , that I last saw the deceased alive on <u>7 March, 1953</u> , and that death occurred at <u>1:22 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Malcolm A. Sawell M.D.</u>				23b. ADDRESS <u>4610 Maryland</u>		23c. DATE SIGNED <u>Mar 7-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/8/53</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Wausau Wisconsin</u>	
DATE REC'D BY LOCAL REG. <u>3-8-53</u>		REGISTRAR'S SIGNATURE <u>Norbert R. Donhe M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KRIEGSHAUSER 4228 So. Kingshighway</u>			

521 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

005  
0

JUL 28 1953

SEP 29 1953

OCT 13 1953

AUG 31 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard W. Stoverson

Licensed Embalmer No. 4007

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.