97D

WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

REG. DIST. NO.

REGISTRAR'S NO. 1298

STATE FILE NO. 4526

1. PLACE OF DEATH
a. COUNTY King
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seattle
c. LENGTH OF STAY (In this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6816 - 17th N.E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Wash. b. COUNTY King 92D
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seattle 421.1
d. STREET. (If rural, give location) ADDRESS 6816 - 17th N. E.

3. NAME OF DECEASED (Type or print) a. (First) Greta b. (Middle) Blunck c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) March 19, 1949

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Female	White	Widow	April 14, 1876	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME — Ott
14. MOTHER'S MAIDEN NAME Dorothea — 421.4

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Coroner's records

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Chronic valvular heart disease
Due to (c)

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
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
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) m.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 9:30A m., from the causes and on the date stated above.*

23a. SIGNATURE S Edwelson (Degree or title) MD
23b. ADDRESS 109 Cometz - City Bldg. Wan.
23c. DATE SIGNED 21, 1949

24a. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify)
24b. DATE 3-21-1949
24c. NAME OF CEMETERY OR CREMATORY Woshelli Crematory
24d. LOCATION (City, town, or county) (State) Seattle King Wash.

DATE REC'D BY LOCAL REG. MAR 21 1949
REGISTRAR'S SIGNATURE Emil E. Palmquist
25. FUNERAL DIRECTOR ADDRESS Wiggins & Sons Mortuary - Seattle
Adolph C. Peterson - 638

Number ☐ Query ☐ Micro ☐ Punch ☐