

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

STATE
FILE NO. 4969
REGISTRAR'S NO. 9192

REG. DIST. NO. 211 315

1. PLACE OF DEATH a. COUNTY <u>King</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.) a. STATE <u>Washington</u> b. COUNTY <u>King</u>	
b. CITY (If outside corporate limits, write RURAL) <u>Rural</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>4001 Melma Mem. Hospital</u>		d. STREET (If rural, give location) ADDRESS <u>Issaquah</u>	
3. NAME OF DECEASED (Type or print) a. (First) <u>ANSELM</u> b. (Middle) <u>H</u> c. (Last) <u>PETRITSCH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 28 57</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>8-4-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electrician</u>	
13. FATHER'S NAME <u>Henry Petrutsch</u>		11. BIRTHPLACE (State or foreign country) <u>Penn.</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>		14. MOTHER'S MAIDEN NAME <u>Amelia M. Meller</u>	
16. SOCIAL SECURITY NO. <u>537-07-1550</u>		17. INFORMANT <u>Records, King County Coroner</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ven. Vascular fibrillation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) <u>Electrocution</u> Due to (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>APR 10 1957</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT (Specify) <u>SHOCK</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Gravel pit</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 28 5 17</u>		21e. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Issaquah King WA</u>	
23a. SIGNATURE <u>Robert E. Welsch M.D.</u>		23b. ADDRESS OF COUNTY-CITY BLDG. <u>CORONERS AUTOPSY SURGEON</u>	
24a. BURIAL, CREMATION, REMOVAL <u>buried</u>		24b. DATE <u>3/30/57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>Renton WA</u>	
DATE REC'D BY LOCAL REG. <u>3/28/57</u>		25. FUNERAL DIRECTOR <u>J. H. Schmitt</u> ADDRESS <u>Issaquah</u>	