

MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics
CERTIFICATE OF DEATH

026630

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED - NAME		FIRST	MIDDLE	LAST	2. SEX	3. DATE OF DEATH		
Alfreda		Schloesser		Female		October	8,	1973
4a. AGE (IN YEARS LAST BIRTHDAY)	4b. UNDER ONE YEAR	4c. UNDER ONE DAY	5. DATE OF BIRTH		6. RACE	7a. COUNTY OF DEATH		
75			February 14, 1893		White	Polk		
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP)				7c. INSIDE CORPORATE LIMITS	7d. HOSPITAL OR OTHER INSTITUTION - NAME			
Crookston				Yes	Riverview Hospital			
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		11. SPOUSE - NAME		
Minnesota		USA		Widowed		Clifford Schloesser (Deceased)		
12. WAS DECEASED EVER IN U.S. ARMED FORCES		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION		14b. KIND OF BUSINESS OR INDUSTRY		
No		469-24-6560		Teacher		Public Schools		
15a. RESIDENCE - STATE			15b. COUNTY		15c. CITY, VILLAGE OR TOWNSHIP		15d. INSIDE CORPORATE LIMITS	
Minnesota			Polk		Crookston		Yes	
16a. FATHER - NAME			16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		17. ADDRESS OF DECEDENT			
John Melbye			Norway		423 1/2 Hunter St., Crookston, Minnesota			
18a. MOTHER - MAIDEN NAME			18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		19. INFORMANT - NAME			
Unknown			Unknown		Keith Schloesser 423 1/2 Hunter St. Crookston, Minn.			

20. PART I - DEATH WAS CAUSED BY		(ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C))		IF DIAGNOSIS DEFERRED		APPROXIMATE INTERVAL	
A. IMMEDIATE CAUSE		Bronchopneumonia - widespread - Both lungs		CHECK BOX		BETWEEN ONSET AND DEATH	
B. DUE TO, OR AS A CONSEQUENCE OF							
C. DUE TO, OR AS A CONSEQUENCE OF							

PART II OTHER SIGNIFICANT CONDITIONS				21a. AUTOPSY		21b. IF YES, WERE FINDINGS CONSIDERED	
Recent stroke & old stroke. Chronic kidney disease				SPECIFY YES OR NO		IN DETERMINING CAUSE OF DEATH	
				Yes		Yes	
22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED		22b. DATE OF INJURY		22c. INJURY AT WORK		SPECIFY YES OR NO	
SPECIFY		MONTH DAY YEAR HOUR		SPECIFY YES OR NO			
22d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)		22e. LOCATION		CITY, VILLAGE OR TOWNSHIP		COUNTY STATE	
		STREET OR RFD NUMBER		CROOKSTON		POLK MINN	
22f. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 20)							

23a. CERTIFICATION - PHYSICIAN				23b. CERTIFICATION - MEDICAL EXAMINER OR CORONER			
I attended the deceased from April 73 to 10-8-73 and last saw him/her alive on 10-8-73. I (do, did not) view the body after death. Death occurred at 11:00 P.M. at the place and time and on the date stated above and to the best of my knowledge due to the causes stated.				On the basis of the examination of the body and/or the investigation, in my opinion death occurred at 11:00 P.M. on the date and due to the causes stated above. The decedent was pronounced dead on 11-12-73 at 11:00 P.M.			
23c. PHYSICIAN - SIGNATURE				23d. MEDICAL EXAMINER OR CORONER - SIGNATURE			
Stanton A. Hirsch MD							
23e. PHYSICIAN - NAME (TYPE OR PRINT)				23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT)			
STANTON A. HIRSCH MD							
23g. MAILING ADDRESS				23h. DATE SIGNED			
CROOKSTON, MINN.				11-12-73			

24a. BURIAL, CREMATION, REMOVAL		24b. CEMETERY OR CREMATORY - NAME		24c. LOCATION	
SPECIFY		West Salem Lutheran Cem.		(CITY, VILLAGE OR COUNTY) (STATE)	
BURIAL				Hitterdal Minnesota	
24d. DATE OF BURIAL, CREMATION OR REMOVAL		25a. FUNERAL HOME - NAME		25b. FUNERAL HOME - ADDRESS	
MONTH DAY YEAR		West-Kjos		DETROIT LAKES, MN	
Oct. 11-1973					
26a. DATE FILED BY LOCAL REGISTRAR		26b. LOCAL REGISTRAR SIGNATURE		27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE	
MONTH DAY YEAR		Doris Morberg		D. G. West	
Oct 16, 1973		DEPUTY LOCAL REGISTRAR			

SIGNATURE OF SUB REGISTRAR D. G. West

1973

BURIAL OR REMOVAL PERMIT ISSUED Oct. 11

