

MINNESOTA DEPARTMENT OF HEALTH  
Section of Vital Statistics  
CERTIFICATE OF DEATH

032495

LOCAL FILE NUMBER 1086

STATE FILE NUMBER

1. DECEASED - NAME FIRST MIDDLE LAST CLIFFORD CLARENCE SCHLOESSER			2. SEX Male		3. DATE OF DEATH MONTH DAY YEAR December 16, 1969							
4a. AGE (IN YEARS LAST BIRTHDAY) 74		4b. UNDER ONE YEAR MONTHS DAYS		4c. UNDER ONE DAY HOURS MINUTES		5. DATE OF BIRTH MONTH DAY YEAR January 19, 1895		6. RACE White		70. COUNTY OF DEATH St. Louis		
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) Hibbing					7c. INSIDE CORPORATE LIMITS SPECIFY YES OR NO Yes		7d. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Park Nursing Home					
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa			9. CITIZEN OF WHAT COUNTRY USA		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY Married		11. SPOUSE - NAME Alfreda M. Schloesser					
12. WAS DECEASED EVER IN U.S. ARMED FORCES Yes		13. SOCIAL SECURITY NUMBER 473 - 10 - 7108			14a. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Locomotive Fireman			14b. KIND OF BUSINESS OR INDUSTRY Mining				
15a. RESIDENCE - STATE Minnesota			15b. COUNTY St. Louis			15c. CITY, VILLAGE OR TOWNSHIP Hibbing,			15d. INSIDE CORPORATE LIMITS SPECIFY YES OR NO Yes			
16a. FATHER - NAME Albert Schloesser			16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Germany		17. ADDRESS OF DECEDENT STREET AND NUMBER POST OFFICE 3002 - 5th Ave. E., Hibbing, Minn.							
18a. MOTHER - MAIDEN NAME Clara Harrison			18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) United States		19. INFORMANT - NAME ADDRESS Keith Schloesser Hibbing 3002 - 5th Ave. E.							
20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C))											IF DIAGNOSIS DEFERRED CHECK BOX	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A. IMMEDIATE CAUSE Pneumonia												years
B. DUE TO, OR AS A CONSEQUENCE OF												
C. DUE TO, OR AS A CONSEQUENCE OF Emphysema												years
PART II OTHER SIGNIFICANT CONDITIONS											21a. AUTOPSY SPECIFY YES OR NO No	21b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
22a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED SPECIFY					22b. DATE OF INJURY MONTH DAY YEAR HOUR		22c. INJURY AT WORK SPECIFY YES OR NO					
22d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)					22e. LOCATION STREET OR RFD NUMBER CITY, VILLAGE OR TOWNSHIP COUNTY STATE							
22f. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 20)												
23a. CERTIFICATION - PHYSICIAN I attended the deceased from 1964 to 12/16/69 and last saw him/her alive on August 20, 1969. I (did, did not) view the body after death. Death occurred at 9:24 A.M. at the place and time and on the date stated above and to the best of my knowledge due to the causes stated.						23b. CERTIFICATION - MEDICAL EXAMINER OR CORONER On the basis of the examination of the body and/or the investigation, in my opinion death occurred at 11:00 A.M. on the date and due to the causes stated above. The decedent was pronounced dead at _____ of _____ M.						
23c. PHYSICIAN - SIGNATURE Richard R. Moyer M.D.						23d. MEDICAL EXAMINER OR CORONER - SIGNATURE						
23e. PHYSICIAN - NAME (TYPE OR PRINT) Richard Moyer, M.D.						23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT)						
23g. MAILING ADDRESS Mesaba Clinic, 1814 E. 14th Ave., Hibbing, Minnesota						23h. DATE SIGNED MONTH DAY YEAR Dec. 17, 1969						
24a. BURIAL, CREMATION, REMOVAL SPECIFY Burial			24b. CEMETERY OR CREMATORY - NAME Hitterdal			24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) Hitterdal Minn.						
24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR December 19, 1969			25a. FUNERAL HOME - NAME Mesaba Funeral Chapel			25b. FUNERAL HOME - ADDRESS 731 E. Howard St., Hibbing, Minn.						
26a. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR 12 23 1969			26b. LOCAL REGISTRAR - SIGNATURE Harry Weirandi			27. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE Theodore K. Berg Jr.						

REC'D JAN 13 1970  
JAN 8 1970  
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SIGNATURE OF CUR. REGISTRAR  
10 69  
BURIAL OR REMOVAL PERMIT ISSUED Dec 17

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