MINNESOTA DEPARTMENT OF HEALTH 008137

Section of Vital Statistics

CERTIFICATE OF DEATH

22281

1667

1. PLACE OF DEATH: STATE OF MINNESOTA
   - a. COUNTY: HENNEPIN
   - b. CITY, VILLAGE OR TOWNSHIP: MINNEAPOLIS
   - c. LENGTH OF STAY in 1 b.: Life
   - d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): MINNEAPOLIS GENERAL HOSPITAL
   - e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
   - a. STATE: MINNESOTA
   - b. COUNTY: HENNEPIN
   - c. CITY, VILLAGE OR TOWNSHIP: MINNEAPOLIS
   - d. STREET ADDRESS: 3815 14th Ave. So. POST OFFICE:
   - e. IS RESIDENCE INSIDE CORPORATE LIMITS? ☒ YES ☐ NO
   - f. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (Type or Print): MABEL C. FREES

4. DATE OF DEATH: Month 4 Day 4 Year 1957

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: Jan 6, 1889

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minneapolis, Minnesota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Martin Rustad

13b. MOTHER'S MAIDEN NAME: Anna Gilbert

14. SPOUSE'S NAME: Andrew Frees

5721

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Fred L Johnson ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

	Cause	Interval between onset and death
IMMEDIATE CAUSE (a)	Purulent pericarditis	> 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c): DUE TO (b)	Gram negative septicemia	48 hrs
DUE TO (c)	Overwhelming infection + pneumonia	4 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

19a. DATE OF OPERATION: 3-25-57

19b. MAJOR FINDINGS OF OPERATION: Oca perforated sigmoid diverticulitis

20a. ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY):

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m., Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street office bldg., etc.)

20f. CITY, VILLAGE OR TOWNSHIP COUNTY STATE

21. I certify I attended the deceased from Mar. 24, 1957 to April 4, 1957 and that I last saw the deceased alive on April 4, 1957 and that death occurred at 3:50 PM on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. L. Bucher (Degree or title) Per Dr. Hitchcock MINNEAPOLIS GENERAL HOSPITAL

22b. ADDRESS: MINNEAPOLIS GENERAL HOSPITAL

22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: April 8, 1957

23c. NAME OF CEMETERY OR CREMATORY: Lakewood Cemetery

23d. LOCATION (City, village or county) (State): Minneapolis, Minnesota

24. DATE FILED BY LOCAL REG.: APR 8 1957

25. REGISTRAR'S SIGNATURE: Elizabeth C Smith DEPUTY

26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR: Geo J Werner ADDRESS: [illegible]

Signature of Sub-Registrar ______, 19__

Burial or removal permit issued

5185

278 278 06

101 061 100

WRITE PLAINLY, WITH UNFADING BLACK INK — MARGIN RESERVED FOR BINDING

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