MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics

CERTIFICATE OF DEATH

025479

1. PLACE OF DEATH: STATE OF MINNESOTA
a. COUNTY: Hennepin
b. CITY, VILLAGE OR TOWNSHIP: Minneapolis
c. LENGTH OF STAY in 1 b: 26 Yrs
d. NAME OF (If not in hospital or institution, give street address) HOSPITAL OR INSTITUTION: Camelia Rest Home
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: 5239 Camden Mpl's Minn.
POST OFFICE
e. IS RESIDENCE INSIDE CORPORATE LIMITS? ☐ YES ☐ NO
f. IS RESIDENCE ON A FARM? YES ☐ NO ☐

908
993

3. NAME OF DECEASED (Type or Print): Elizabeth Riddle
4. DATE OF DEATH: Month 10 Day 8 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 30, 1881
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

42 01
31

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): Minnesota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: No Record
13b. MOTHER'S MAIDEN NAME: No Record
14. SPOUSE'S NAME: -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): - - -
16. SOC. SEC. NO.: - - -
17. INFORMANT'S OWN SIGNATURE: Grace Byron ADDRESS: 43-52 St Anthony

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Coronary and
Conditions, if any, which gave rise to above cause (a), stating the underlying cause on line (c):
DUE TO (b): Hypertensive Heart Desease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs
DUE TO (c): Congestive Failure — 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART 1(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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 ☐ 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 6-46 to Oct. 8-196 and that I last saw the deceased alive on 10-8 19 61
and that death occurred at 6:50 PM on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold Schultz MD
22b. ADDRESS: 800 42ND Ave N
22c. DATE SIGNED: 10-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 12, 1961
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, village or county) (State): St. Paul, Minn.

24. DATE FILED BY LOCAL REG.: OCT 13 1961
25. REGISTRAR'S SIGNATURE: Marie A. Mahoney Deputy John B. White
26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR: O'Halloran&Murphy
ADDRESS: 215 W. 6th St., St. Paul

Signature of Sub-Registrar
Burial or removal permit issued, 19

WRITE PLAINLY, WITH UNFADING BLACK INK
(MARGIN RESERVED FOR BINDING)

001
963
800

4950

8 1-12-60 1,500 Blanks