STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

330
Local File Number

CERTIFICATE OF DEATH

State File Number

OCT 19 9 55 AM 1972

12190

DECEASED

1. DECEASED—NAME (First, Middle, Last): ALFRED FRED PETERSTEINER
2. DATE OF DEATH (month, day, year): September 26, 1972
3. RACE (White, Negro, American Indian, etc.) (specify): White
4. SEX: Male
5a. AGE—Last birthday (years): 74
6. DATE OF BIRTH (month, day, year): March 21, 1898
7a. COUNTY OF DEATH: Klamath
7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls
7c. Inside City Limits (specify yes or no): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME: Washburn Manor
8. STATE OF BIRTH (if not in U.S.A., name country): Illinois
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
11. NAME OF SPOUSE: Elizabeth Petersteiner
12. SOCIAL SECURITY NUMBER: 700-12-4093
13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Conductor - retired
13b. KIND OF BUSINESS OR INDUSTRY: OC & E Railroad

Usual residence where deceased lived. If death occurred in institution, give residence before admission.

14a. RESIDENCE—STATE: Oregon
14b. COUNTY: Klamath
14c. CITY, TOWN, OR LOCATION: Klamath Falls
14d. Inside City Limits (specify yes or no): Yes
14e. STREET AND NUMBER OR R.F.D.: 1914 Portland
15. FATHER—NAME (first, middle, last): Peter - Petersteiner
16. MOTHER—Maiden Name (first, middle, last): Alma - Halweis
17. INFORMANT—NAME and relationship to deceased: Elizabeth Petersteiner (Wife)

CAUSE

18. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

	Cause	Approximate interval between onset and death
(a) Immediate cause	Respiratory depression	1 day
(b) Due to, or as a consequence of	Anemia	months
(c) Due to, or as a consequence of	Metastatic renal carcinoma	months

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19a. AUTOPSY (yes or no): NO
19b. IF YES were findings considered in determining cause of death:

20a. ACCIDENT (specify yes or no):
20b. DATE OF INJURY (month, day, year):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (enter nature of injury in part I or part II, item 18):
20e. INJURY AT WORK (specify yes or no):
20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify):
20g. LOCATION (street or R.F.D. No., city or town, county, state):

CERTIFIER

21. CERTIFICATION—PHYSICIAN: I attended the deceased from 9/26/72 to 9/26/72. And Last Saw Him/Her Alive on: Have Not. I Did/Did Not view the body after death (specify): Did Not. DEATH OCCURRED (hour): 8:10 P.M. at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.
22a. PHYSICIAN—SIGNATURE: [signature] M.D.
22b. NAME (type or print): Alden D. Glidden, M.D.
22c. DATE SIGNED (month, day, year): 9/27/72
23. MAILING ADDRESS—PHYSICIAN: 425 Pine Street, Klamath Falls, Oregon 97601

BURIAL

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Mausoleum
24b. CEMETERY OR CREMATORY—NAME: Haven Of Rest
24c. LOCATION (city or town, state): Klamath Falls, Oregon
24d. DATE (mo., day, year): Sept.29,1972
25a. FUNERAL DIRECTOR—SIGNATURE: [signature]
25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): Ward's Klamath Funeral Home, Box 217, Klamath Falls, Ore. 97601
26a. REGISTRAR—SIGNATURE: Marian Eckleman
26b. DATE RECEIVED BY LOCAL REGISTRAR: SEP 28 1972
27. DATE RECEIVED BY STATE REGISTRAR:
28. RESERVED FOR REGISTRAR'S USE

VS 2 R-69

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health.

(SEAL)

VELDON C. BOGE, M.D., Registrar Vital Statistics

By [signature], Deputy Registrar
Date SEP 28 1972 19

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of GANONG, SISEMORE AND ZAMSKY
this 19th day of OCTOBER A. D., 19 72 at 9:55 o'clock A M., and duly recorded in
Vol. M 72, of DEEDS on Page 12190

FEE $ 2.00

WM. D. MILNE, County Clerk
By [signature]

28-5240