FORM NO. VS-12
100M-REV.-1-68

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH

STATE FILING DATE
Vol. M 76 Page 16653
STATE DEATH REG.

282

20563
LOCAL FILE NUMBER

ORIGINAL CERTIFICATE OF DEATH

DECEASED

1. DECEASED—NAME: First: Gertrude; Middle: Hattie Marie; Last: Steinmetz
2. SEX: Female
3. DATE OF DEATH: Month: July; Day: 30; Year: 1976
4. RACE—White, Negro, American Indian, Etc.: White (Specify)
5a. Age Last Birthday: Years: 56
5b. Under One Year: Months; Days
5c. Under One Day: Hours; Minutes
6. DATE OF BIRTH: Month: Nov.; Day: 26; Year: 1919
7a. COUNTY OF DEATH: Walworth
7b. NAME OF CITY, VILLAGE (Location of Death) (If Neither, Name Township): Darien
7c. Inside City or Village Limits: ☒ Yes ☐ No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If Not in Either Give Street and Number or Location): 421 E. Beloit
8. STATE OF BIRTH (If Not in U.S.A., Name Country): Illinois
9. CITIZEN of What Country: U. S. A.
10. ☒ Married ☐ ~~Never Married~~ ☐ Widowed ☐ ~~Divorced~~
11. SURVIVING SPOUSE (If Wife, Give Maiden Name): Elmer Steinmetz
12. SOCIAL SECURITY NO.: 394-24-0376
13a. USUAL OCCUPATION Give Kind of Work During Most of Working Life Even if Retired: Housewife
13b. KIND OF BUSINESS OR INDUSTRY: Own home
14a. RESIDENCE: STATE: Wisconsin
14b. COUNTY: Walworth
14c. NAME OF CITY, VILLAGE (If Neither, Name Township): Darien
14d. Inside City or Village Limits: ☒ Yes ☐ No
14e. MAILING ADDRESS (Home Address at Time of Death): 421 E. Beloit

PARENTS

15. FATHER—NAME: First: Albert; Middle; Last: Walters
16. MOTHER—MAIDEN NAME: First: Hattie; Middle; Last: Haas
17a. INFORMANT—NAME: Elmer Steinmetz
17b. MAILING ADDRESS Street or R.F.D. No., City or Village, State, Zip: 421 E Beloit-Darien, WI. 53114
17c. WAS DECEASED EVER IN U.S. ARMED FORCES? (If Yes, Give War or Dates of Service) ☐ Yes ☒ No ☐ Unknown

CAUSE

18. PART I. DEATH WAS CAUSED BY — Enter Only One Cause Per Line For (A), (B), and (C)
Conditions, If Any, Which Gave Rise to Immediate Cause (A) Stating the Underlying Cause Last.
A. Immediate Cause: Aplastic Coronary Thrombosis with effusion — Approximate Interval Between Onset and Death: 4 H 22
B. Due to, or as a Consequence of: Chronic Anemia
C. Due to, or as a Consequence of:

PART II. OTHER SIGNIFICANT CONDITIONS: Conditions Contributing to Death but not Related to Cause Given in Part I (A)
19a. AUTOPSY (Specify) ☐ Yes ☐ No
19b. WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? ☐ Yes ☐ No

ACCIDENT

20a. ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE
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 ☐ Yes ☐ No
20f. PLACE OF INJURY (Home, Farm, Street, Factory, Etc.) (Specify)
20g. LOCATION Street or R.F.D. No., City or Village, State, Zip

CERTIFICATION

21a. CERTIFICATION—Month Day Year: PHYSICIAN I Attended The Deceased From 1 20 70
21b. To 5 30 76
21c. AND LAST SAW HIM/HER ALIVE ON Month Day Year: 5 27 76
21d. DID YOU VIEW THE BODY AFTER DEATH ☐ Yes ☒ ~~No~~
21e. 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. CERTIFICATION—MEDICAL EXAMINER OR CORONER: On The Basis of The Examination of The Body and/or The Investigation, In My Opinion, Death Occurred on The Date and Due To The Cause(s) Stated.
HOUR OF DEATH: M.
22b. THE DECEDENT WAS PRONOUNCED DEAD Month Day Year Hour: M.
23a. CERTIFIER—NAME (Type or Print): Glenn D. Schaefer MD
23b. SIGNATURE—CERTIFIER: Glenn Schaefer MD
Title
23c. DATE SIGNED Month Day Year: 8 3 76
23d. MAILING ADDRESS—CERTIFIER Street or R.F.D. No., City or Village, State, Zip: 187 WARD ST DARIEN WISCONSIN 53115

BURIAL

24a. ☒ BURIAL ☐ ~~CREMATION~~ ☐ ~~REMOVAL~~
24b. CEMETERY OR CREMATORY—NAME: Darien Cemetery
24c. LOCATION City, State, Zip: Darien, WI. 53114
24d. BURIAL—DATE Month Day Year: Aug. 2, 1976
25a. FUNERAL HOME—NAME AND ADDRESS Street or R.F.D. No., City or Village, State, Zip: Salisbury-Schilke Mortuary - 210 Baldwin St. - Sharon, WI. 53585
25b. FUNERAL DIRECTOR—SIGNATURE: Henry R Schilke
26a. REGISTRAR—SIGNATURE: Lois M Ketterhagen
26b. DATE RECEIVED By Local Registrar Month Day Year: AUG 5 1976

I certify that the above is record of Gertrude Hattie Marie Steinmetz

recorded in Volume 72, Page 282, deaths

records of Walworth County, Wisconsin.

August 19, 19 76.

Lois M Ketterhagen

Lois M. Ketterhagen
~~Register of Deeds~~
Register of Deeds
Walworth County, Wisconsin

Ret:
Wendell Wascho
218 Baldwin St.
Sharon Wis 53585

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 20th day of OCTOBER A.D., 19 76 at 2;18 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 16653.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Deazd Deputy