

State Birth No.

# WISCONSIN STATE BOARD OF HEALTH

## ORIGINAL CERTIFICATE OF DEATH

State Filing Date:

<b>1. PLACE OF DEATH</b> <b>a. COUNTY</b> Ashland			<b>2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).</b> <b>a. STATE</b> Wisconsin <b>b. COUNTY</b> Ashland		
<b>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN</b> Ashland		<b>c. LENGTH OF STAY (in this place)</b> 3 1/2 yrs	<b>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN</b> Ashland		
<b>d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION</b> St. Josephs Hospital			<b>d. STREET ADDRESS (If rural, give location)</b> 423 5th Ave East		
<b>3. NAME OF DECEASED (Type or Print)</b> <b>a. (First)</b> Joseph		<b>b. (Middle)</b> A	<b>c. (Last)</b> Rogalski		<b>4. DATE OF DEATH</b> (Month) 12 (Day) 20 (Year) 57
<b>5. SEX</b> M	<b>6. COLOR OR RACE</b> W	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> Married	<b>8. DATE OF BIRTH</b> 7-16-12	<b>9. AGE (In years)</b> 39 If under 1 year: Months _____ Days _____ If under 24 h.: Hours _____ Min. _____	<b>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b> Salesman
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> Salesman		<b>11. BIRTHPLACE (State or foreign country)</b> Ashland, Wisconsin		<b>12. CITIZEN OF WHAT COUNTRY?</b>	
<b>13. FATHER'S NAME</b> Anton Rogalski			<b>14. MOTHER'S MAIDEN NAME</b> Antoinette Danishewski		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)</b> Yes		<b>16. SOCIAL SECURITY NO.</b> 390-09-5618 NO.	<b>17. INFORMANT</b> Mrs. Joseph Rogalski		3561
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> Respiratory failure <b>ANTECEDENT CAUSES</b> Due to (b) Long toxic habit Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (c) sclerosis <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				Interval Between Onset and Death 2 1/2 hours 24 years
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> Yes <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE (Specify)</b>	<b>21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME (Month) (Day) (Year) (Hour) (Minute)</b> OF INJURY	<b>21e. INJURY OCCURRED</b> While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from June 19 1957, to Nov 20 1957, that I last saw the deceased alive on 22 Nov 1957, and that death occurred at 9 24 m., from the cause and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title)			<b>23b. ADDRESS</b>		<b>23c. DATE SIGNED</b> 23 Nov 57
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b>	<b>24b. DATE</b> 12-25-57	<b>24c. NAME OF CEMETERY OR CREMATORY</b> Duquesne Cemetery	<b>24d. LOCATION (City, town or county) (State)</b> Duquesne, Pa.		
<b>DATE REC'D BY LOCAL REG.</b> 11-23-57	<b>REGISTERER'S SIGNATURE</b> C. A. Grand, M.D.		<b>25. FUNERAL DIRECTOR ADDRESS</b> G. H. Wartman Ashland, Wisconsin		