

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 3 2 9 8 4 4

FOR
1- STATE
REGISTRAR

REG. NO.

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| 1. DECEASED NAME (TYPE OR PRINT) Tululu Irene Schaefer | | | 2d. DATE OF DEATH MONTH DAY YEAR November 10, 1983 | | | 2b. HOUR 6 P.M. | | | | | |
| 3. SEX Female | | 4. RACE White | | 5. DATE OF BIRTH MONTH DAY YEAR May 25, 1894 | | 6. AGE (IN YEARS LAST BIRTHDAY) 89 YRS. | | 7. IF UNDER 1 YEAR MONTHS DAYS | | 7b. IF UNDER 24 HRS. HOURS MIN. | |
| 14. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | | 1b. CITIZEN OF WHAT COUNTRY? USA | | 8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 9. BALTIMORE CITY OR COUNTY OF DEATH City MD | | | | | |
| 16. CITY OR TOWN OF DEATH Baltimore | | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) South Baltimore General | | | | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife | | 12b. KIND OF BUSINESS OR INDUSTRY | | | |
| 13a. STATE Md. | | | 13b. COUNTY Baltimore | | 13c. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 13e. STREET ADDRESS 620 Edgewood Street 21229 | | | | |
| 14. FATHER'S NAME FIRST MIDDLE LAST Fielding C. Skipper | | | | 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Clara Baseman | | | | | | | |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR DATES) NO | | | | 16b. SOCIAL SECURITY NO. 212-09-3010 | | 17. INFORMANT ADDRESS William Donald Schaefer Same as 13e | | | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1: DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>4100</u> <u>INFARCTION OF MYOCARDIUM</u> | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 HOUR | |
| DUE TO OR AS A CONSEQUENCE OF (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> | | | |
| DUE TO OR AS A CONSEQUENCE OF (c) <u>ANEURYSM OF ABDOMINAL AORTA - RUPTURE</u> | | 1 HOUR | |

PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

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| 19a. DATE OF OPERATION - | | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED - | | 20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING () CAUSE OF DEATH (IF OTHER, INQUIRY MEDICAL EXAMINER) - | | 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 | | 21c. HOW INJURY OCCURRED (ENTER FEATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) | | | |
| 21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | | 21f. LOCATION STREET CITY OR TOWN COUNTY STATE | | | |

21a. I certify that (i) (the hospital) attended the deceased from 19 78 to NOV 10 19 83, that (i) (was) lost NOV 9 19 83 and that in (my) own opinion death occurred on the date and hour and from the causes stated above; (i) (we) (did) (did not) view the body after death.

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| 27a. SIGNATURE <i>Joseph A. Mead Jr.</i> | | DEGREE | | ATTENDING PHYSICIAN <input checked="" type="checkbox"/> MEDICAL DIRECTOR <input type="checkbox"/> STAFF PHYSICIAN <input type="checkbox"/> | | 27c. DATE SIGNED NOV 11, 1983 | |
| 27b. PHYSICIAN'S NAME (TYPE OR PRINT) JOSEPH A. MEAD JR. MD | | | | 27e. ADDRESS 301 ST. PAUL PL. BALTIMORE MD 21202 | | | |

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| 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | 23b. DATE Nov 14, 1983 | | 23c. NAME OF CEMETERY OR CREMATORY Western Cemetery | | 23d. LOCATION CITY OR TOWN COUNTY STATE Baltimore Md. | |
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| 24. FUNERAL DIRECTOR NAME ADDRESS Leonard J. Ruck Inc. Baltimore, Maryland | | | 25a. DATE REC'D. BY REGISTRAR NOV 14 1983 | | 25b. REGISTRAR'S SIGNATURE <i>John J. Cahill</i> | |
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TO HOSPITAL OR ATTENDING PHYSICIAN: The above requires that the death certificate be executed within 24 hours after death. Pages 4 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 3 and 4 should be detached for use as the burial-transit permit. Then please remove carbon paper, pages 1 and 2 should be filed within 72 hours of death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 21 is marked or item 18 is signed in any way, or other traumatic event, the medical examiner should be notified.