

OFFICE of VITAL STATISTICS

141251

Klat skill June

CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO. DECEDENT-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (Mo. Day, Yr.)
Mae M. Kahoun Female Nov. 21, 1987

RACE-White AGE-84 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo. Day, Yr.) COUNTY OF DEATH
White 84 Jan. 25, 1903 Pinellas

CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION-Name (If not in either, give street and number) IF HOSP OR INST. (Indicate DOA, OP, Emer. Rm, Inpatient (Specify))
Largo 1915 Seminole Blvd. Lot 113

STATE OF BIRTH (If not in U.S.A., name country) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SURVIVING SPOUSE (If wife, give maiden name)
Austria U.S.A. Widowed

SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY
351-09-8569 Professional Dress Maker Clothing

RESIDENCE-STATE COUNTY CITY, TOWN OR LOCATION STREET AND NUMBER Lot 113 INSIDE CITY LIMITS (Specify Yes or No)
Florida Pinellas Largo 1915 Seminole Blvd. No

FATHER-NAME FIRST MIDDLE LAST MOTHER-MAIDEN NAME FIRST MIDDLE LAST
Anton Bedner Josephine Flaska

INFORMANT-NAME (Type or Print) MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
La Verne Marie Pritchett 1925 Seminole Blvd. Largo, Florida 34648

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE
Burial Calvary Catholic Cemetery St. Petersburg, Florida

FUNERAL DIRECTOR-Signature FUNERAL HOME Lewis W. Mohn Funeral Home
Thomas J. Terdy 9700 Seminole Blvd. Seminole, Florida

20a. (To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)

DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)
Jan S. Hirschfield, MD 501 Lincoln Avenue 442-1340 Clearwater, Florida

REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
Martha Mohn November 24, 1987 Nov 25, 1987

IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Interval between onset and death
Metastatic carcinoma of pancreas

DUE TO, OR AS A CONSEQUENCE OF. (Condition(s) which gave rise to cause (a) - List underlying cause last) Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF. Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause given in PART I (a) PART III IF FEMALE, WAS THERE PREGNANCY IN THE PAST 3 MONTHS (Yes or No)

(Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED
DEC 28 1990

INJURY AT WORK (Specify Yes or No) PLACE OF INJURY-At home, farm, street, factory, office building, etc (Specify) LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

Woodrow Wilson's Add. CERTIFIED COPY

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

November 25, 1987

Katherine Burmaster Chief Deputy Registrar, Pinellas County

Oliver H. Boorde State Registrar Office of Vital Statistics

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CERTIFICATION OF VITAL RECORD

SURE 219 CROWN POINT, IN 44007 50812 STATE OF FLORIDA

