



Local No. 819-88

CERTIFICATE OF DEATH

State No.

TYPE PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (Pearl C. Rohde), SOCIAL SECURITY NUMBER (321-05-7027), DATE OF DEATH (April 8, 1988), FACILITY NAME (St. Anthony Medical Center), SURVIVORS (Ernest Rohde), and SIGNATURE OF CERTIFIER (Sampanta Boonjarern, M.D.).



DECEASED

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY