

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

Michigan Department of Public Health

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Arthur		L.	Knoch Sr.		2 Male	3 February 6, 1976
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4 White	5a. 73	MOS.	DAYS	6 Apr. 26, 1902	7a. Wayne	
CITY, VILLAGE, OR TOWNSHIP OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Wyandotte			7c. Yes	7d. Wyandotte General Hospital		
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)			
8 Michigan	9 U.S.A.	10 Married	11 Ruth E. Zimmerman			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY				
12 363-07-1782	13a. Supervisor	13b. Michigan Bell Telephone				
RESIDENCE—STATE	COUNTY	CITY, VILLAGE OR TOWNSHIP	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a Michigan	14b Wayne	14c Grosse Ile	14d No	14e 28788 Brook Circle		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15 Frederick			Knoch		16 Lizzie Ochs	
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a Mrs. Ruth E. Knoch			17b 28788 Brook Circle Grosse Ile, Michigan 48138			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE		(a) CARDIAC ARREST @ AS Heart DISEASE & Failure				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		@ (b) CVA & Left Hemiplegia @ Coronary Artery Disease				
		(c) Pneumonia @ Lung.				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
OLD MYOCARDIAL INFARCTION					19a No	19b
ACCIDENT, SUICIDE, HOMICIDE, (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a	20b	20c	20d			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a	20f	20g				
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a	2	3	76	2	6	76
DECEASED FROM	TO	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
21c	21d	21e	21a Did NOT	21b 4:15 AM		
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	THE DECEDENT WAS PRONOUNCED DEAD		DATE SIGNED (MONTH, DAY, YEAR)		
22a	4:15 A	M. 22b 2 - 6 76		22c 2 - 6 - 76		
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)			
23a W.C. NOBLE MD	23b W.C. Noble MD	23c MD	23d 2 - 6 - 76			
MAILING ADDRESS—CERTIFIER	CITY OR TOWN	STATE	ZIP			
23d 4045 - W. Jefferson	23e Ecorse	23f Mich.	23g 48229			
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY, VILLAGE, TWP. OR COUNTY STATE			
24a Burial	24b Michigan Memorial Park	24c Huron Twp., Michigan	24d 48138			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24e Feb. 9, 1976	24f The Martenson Funeral Home Inc. 3200 West Rd. Trenton, Michigan					
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR				
25a [Signature]	25b William R. Griggs	25c Feb. 6, 1976				

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

FATHER

CAUSE

CERTIFIER

BURIAL

B-36
8-68
300M

STATE OF MICHIGAN
COUNTY OF WAYNE
CITY OF WYANDOTTE

I, WILLIAM R. GRIGGS, City Clerk of the City of Wyandotte in said county and state, do hereby certify that the above is a true copy of a Certificate of DEATH on file in the Office of the City Clerk of the City of Wyandotte.

In Witness Whereof I have hereunto set my hand and have caused the Corporate Seal of the City of Wyandotte to be hereunto affixed this,

FEB 6 1976
William R. Griggs

WILLIAM R. GRIGGS
CITY CLERK