MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First) (Middle) (Last)	2. SEX	3. DATE OF DEATH (month, day, year)	4. TIME OF DEATH
JOHN ARNOLD BOLZ	Male	Feb. 28, 1991	5:49 pm

5. SOCIAL SECURITY NUMBER	6a. AGE (Last Birthday (years))	6b. UNDER 1 YEAR (months / days)	6c. UNDER 1 DAY (hours / minutes)	7. DATE OF BIRTH (month, day, year)
354-14-3646	72			May 3, 1918

8. BIRTHPLACE (City and state or foreign country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify yes or no)	10a. PLACE OF DEATH (check only one - see instructions on other side)
Elgin, IL.	Yes	X Hospital: Inpatient; ER/Outpatient; DOA; Other (specify); Nursing home; Residence; OTHER

10b. FACILITY NAME (If not institution, give street and number)	10c. CITY OR TOWNSHIP OF DEATH	10d. COUNTY OF DEATH
St. Luke's Hospital	Duluth	St. Louis

11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (specify))	12. SPOUSE (Name (if wife, give maiden name))	13a. DECEDENT'S USUAL OCCUPATION (give kind of work done during most of working life. Do not use retired)
Widowed	Belva Nelson	Physician

13b. KIND OF BUSINESS/INDUSTRY	14a. RESIDENCE - State	14b. COUNTY	14c. CITY OR TOWNSHIP
Medacine	MN	Itasca	Grand Rapids

14d. STREET AND NUMBER	14e. INSIDE CITY LIMITS? (specify yes or no)	14f. ZIP CODE	15. WAS DECEDENT OF HISPANIC ORIGIN? (specify yes or no - if yes, specify Cuban, Mexican, Puerto Rican, etc.)
310 Kolp Rd.	No	55744	Yes X No

16. RACE (see instructions on other side)	17. DECEDENT'S EDUCATION (specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18. FATHER'S NAME (first, middle, last)
White	5+	John Bolz

19. MOTHER'S NAME (first, middle, maiden surname)	20a. INFORMANT'S NAME (type/print)	20b. INFORMANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City, State, Zip Code)
Lydia Hutchinson	John Bolz, Jr.	5015 No. 126th St. White Bear Lake, MN. 55110

21a. METHOD OF DISPOSITION: ☐ Burial X Cremation ☐ Removal from state ☐ Donation ☐ Other (specify)

21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place)	21c. LOCATION - City or Township, State	22a. SIGNATURE OF FUNERAL DIRECTOR OR MORTICIAN
Lakeview Chapel	Coleraine, MN.	J Carlson

22b. LICENSE NUMBER (of Funeral Establishment)	23. NAME AND ADDRESS OF FUNERAL ESTABLISHMENT
104	Libbey Funeral Home 520 2nd Ave N.E. Grand Rapids, MN.

24a. CERTIFICATION PHYSICIAN
I attended the deceased from _____ to _____ (mo day year / mo day year)
and last saw him/her on _____ (mo day year)
I did did not view the body after death

24b. SIGNATURE (Physician, Medical Examiner or Coroner)	24c. LICENSE NUMBER (of physician)	24d. DATE SIGNED (month, day, year)
Michael Zlonis MD	22464	3-19-91

25. NAME AND ADDRESS OF PHYSICIAN X MEDICAL EXAMINER OR CORONER	26. REGISTRAR'S SIGNATURE	27. DATE FILED (month, day, year)
MICHAEL S. ZLONIS, M. D. 915 E. 1st St. Duluth, MN. 55905	Frances Hammack - Deputy	MAR 21 1991

28. CAUSE OF DEATH
PART I. Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. If diagnosis deferred ☐ Check box. Approximate interval between onset and death.

IMMEDIATE CAUSE (final disease or condition resulting in death)
a. Motor Vehicle Accident
due to or as a consequence of
b.
due to or as a consequence of
c.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in PART I

29a. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?	29b. WAS AN AUTOPSY PERFORMED?	29c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
X Yes ☐ No	X Yes ☐ No	☐ Yes ☐ No

30. MANNER OF DEATH	31a. DATE OF INJURY (month, day, year)	31b. TIME OF INJURY
☐ Natural X Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined	2-28-91	3:40 pm M

31c. INJURY AT WORK?	31d. DESCRIBE HOW INJURY OCCURRED
☐ Yes X No	Subject driver of car that was struck by a van.

31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify)	31f. LOCATION - (street and number, city or township, state)
highway	U.S.Hwy.53, N. of Solon Springs, WI.

HE-00110-04 REV (1-89)

I hereby certify that I have compared the foregoing papers with the original recorded in my office, and that it is a true and correct copy of said original.
Dated: MAR 21 1991
JOSEPH M. LASKY, Court Administrator
By Frances Hammack Deputy

DISTRICT COURT ST. LOUIS COUNTY