## STATE OF WISCONSIN—DEPARTMENT OF HEALTH AND SOCIAL SERVICES ORIGINAL CERTIFICATE OF DEATH Rock County Courthouse, 51 S. Main St., Janesville, WI 53545 <u>Vol. 158</u> Deaths—Rock County, Wisconsin (Aug 1988: 0731 – Dec 1988: 1248) <u>Local File Number: 0835</u>

## HAROLD HENRY WILLIAM MALVITZ

TRANSCRIBED

- 1. Deceased-Name: Harold Henry William Malvitz
- 2. Sex: Male
- 3. Date of Death: <u>August 28, 1988</u>
- 4. Race: White
- 5. Age Last Birthday: Years: <u>79</u>
- 6. Date of Birth: May 16, 1909
- 7. a) County of Death: <u>Rock</u> b) Inside City or Village Limits? <u>Yes</u>
- 8. State of Birth: Wisconsin
- 9. Citizen of What Country? U.S.A.
- 10. Marital Status (Married, Separated, Divorced, Never Married, Widowed): Never Married
- 11. Surviving Spouse: None
- 12. Was Decedent Ever in U.S. Armed Forces? No
- 13. Social Security Number: <u>399-20-2029</u>
- 14. a) Usual Occupation: Farmer b) Kind of Business or Industry: Farming
- 15. a) Residence-State: Wisconsin b) County: Rock
  - c) City, Village, Township of Residence: <u>Janesville</u> d) Inside City or Village Limits? <u>Yes</u>
    e) Street and Number: <u>119 S. Parker Street</u>
- 16. Father-Name: Albert Malvitz
- 17. Mother-Maiden Name: Elizabeth Bentz
- 18. a) Informant-Name: Gertrude Wolfram
  - b) Mailing Address: 720 N. Garfield St., Janesville, WI 53545
- 19. a) Burial, Cremation, or Removal: <u>Burial</u> b) Cemetery or Crematory Name: <u>Milton Cemetery</u> c) Location: <u>Milton, Wisconsin</u>
- 20. a) Funeral Service Licensee or Person Acting as Such: Robert A. Albrecht
  - b) Name of Facility: <u>Albrecht Funeral Home, Inc.</u> c) Funeral Director License No.: <u>4289</u>
  - d) Address of Facility: 133 First St. Milton, Wisconsin 53563
  - e) Date Signed by Funeral Service Licensee: Sept. 7, 1988
- 21. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated.
  a) Signature and Title: <u>Ram Rao, M.D.</u>
  b) Date Signed: <u>9/2/88</u> c) Hour of Death: <u>7:50 a.m.</u>
- 22. Medical Examiner or Coroner: \_\_\_\_\_
- 23. Name and Address of Certifier: Ram Rao, M.D., 3524 E. Milwaukee St., Janesville, WI 53546
- 24. a) Registrar-Signature: Esther A. Gage, Register of Deeds b) Date Received by Registrar: Sep. 9, 1988
- 25. Part I: Cause of Death
  - a) Immediate Cause: Cardiorespiratory Arrest Sudden Death
  - b) Due to or as a Consequence of: <u>Arteriosclerotic Heart Disease 2 Years</u>
  - Part II: Other Significant Conditions: \_\_\_\_\_
- 26. Autopsy? No
- 27. Was Medical Examiner or Coroner Notified: No
- 28. Injury: \_\_\_\_\_