

STATE OF WISCONSIN—DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORIGINAL CERTIFICATE OF DEATH

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545

Vol. 161 Deaths—Rock County, Wisconsin (January 1990: 0001 – June 1990: 0615)

Local File Number: 0172

TRANSCRIBED

GLADYS KRIEHN

1. Deceased-Name: Gladys Kriehn
 2. Sex: Female
 3. Social Security Number: 390-20-9985
 4. a) Pronounced Dead Date: February 18, 1990 b) Hour: 12:20 p.m.
 5. Body Found 24+ Hours After Death: No
 6. Age: 84
 7. Date of Birth: January 28, 1906
 8. a) County of Death: Rock b) Death Occurred Inside City, Village, or Township: Janesville
c) Check One: City Village Township
 9. Death at Hospital: -----
 10. Other Place: Residence of Deceased Nursing Home Other
 11. a) Hospital or Nursing Home (if not Hospital or Nursing Home, Give Street Address): 1516 West Court Street
 12. Marital Status (Married, Divorced, Never Married, Widowed): Widowed
 13. a) Residence-State: Wisconsin b) County: Rock
c) Residence Inside City, Village, or Township: Janesville d) Check One: City Village Township
 14. Number and Street: 1516 West Court Street 53545
 15. State of Birth: Wisconsin
 16. Father's Name: Henry Yale
 17. Mother's Maiden Name: Martha Stockman
 18. Race: White
 19. Decedent of Hispanic Origin? No
 20. a) Usual Occupation: Repair Person b) Kind of Business or Industry: Writing Instrument
 21. Education—Highest Grade Completed: 12
 22. Was Decedent Ever in U.S. Armed Forces? No
 23. Surviving Spouse: None
 24. a) Informant-Name: Carmelita Gloede b) Mailing Address: 114 Arbor Hill Dr., Janesville, Wisconsin 53545
 25. Method of Disposition: Burial
 26. Place of Disposition: Milton Cemetery
 27. Location: Milton Wisconsin
 28. Date Signed by Funeral Service Licensee: February 19, 1990
 29. Date Received from Medical Certifier: February 21, 1990
 30. a) Funeral Service Licensee or Person Acting as Such: Robert A. Albrecht b) WI License No.: 4289
 31. Name and Mailing Address of Facility: Albrecht Funeral Home, 828 S. Janesville St., Milton, Wisconsin 53563
 32. Medical Certifier: Certifying Physician
 33. Date of Death: February 18, 1990
 34. Autopsy Performed? No
 35. a) Medical Certifier Signature and Title: James F. Brandman, M.D. b) Date Signed: Feb. 20, 1990
 36. a) Medical Certifier Name: J.F. Brandman, M.D. b) WI License Number: 23929
 37. Certifier Mailing Address: Dept. of Oncology, Janesville Riverview, Janesville, WI 53545
 38. Manner of Death: Natural
 39. To 43. -----
 40. Registrar-Signature: Esther A. Gage, Register of Deeds
 41. Date Received by Registrar: Feb. 21, 1990
 42. Part I: Cause of Death
 - a) Immediate Cause: Metastatic Breast Cancer – 1 Year
 - b) Due to or as a Consequence of: -----
- Part II: Other Significant Conditions: -----