

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

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

Vol. 149 Deaths—Rock County, Wisconsin (74401 - 75000)

State Death No. 74975

TRANSCRIBED

HAMILTON KRIEHN

1. Deceased-Name: Hamilton Kriehn
2. Sex: Male
3. Date of Death: November 21, 1984
4. Race: White
5. Age Last Birthday: Years: 71
6. Date of Birth: February 27, 1913
7. a) County of Death: Rock d) Hospital or Other Institution Name: Mercy Hospital  
b) Inside City or Village Limits? Yes e) If Hospital or Institution:  DOA  OP/Emer Rm  Inpatient  
c) City, Village, or Township of Death: Janesville
8. State of Birth: Wisconsin
9. Citizen of What Country? U.S.A.
10. Marital Status: Married
11. Surviving Spouse: Gladys Yale Kriehn
12. Was Decedent Ever in U.S. Armed Forces? No
13. Social Security Number: 398-05-2315
14. a) Usual Occupation: Retired-Machinist Helper b) Kind of Business or Industry: Beloit Corp.
15. a) Residence-State: Wisconsin b) County: Rock  
c) City, Village, Township of Residence: Janesville d) Inside City or Village Limits? Yes  
e) Street and Number: 1516 W. Court St.
16. Father-Name: Ray Kriehn
17. Mother-Maiden Name: Effie Hamilton
18. a) Informant-Name: Gladys Kriehn b) Mailing Address: 1516 W. Court St., Janesville, Wis. 53545
19. a) Burial, Cremation, or Removal: Burial b) Cemetery or Crematory Name: Milton East Cemetery  
c) Location: Milton, Wisc.
20. a) Funeral Service Licensee or Person Acting as Such: Robert A. Albrecht  
b) Name of Facility: Albrecht F.H. Inc.  
c) Address of Facility: 2215 Holiday Dr., Janesville, WI 53545
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: Ernest C. Deeds, M.D. b) Date Signed: 11-23-84 c) Hour of Death: 11:30 p.m.
22. Medical Examiner or Coroner: -----
23. Name and Address of Certifier: Ernest C. Deeds, M.D., 580 N. Washington, Janesville, WI 53545
24. a) Registrar-Signature: Esther A. Gage, Register of Deeds b) Date Received by Registrar: Nov. 26, 1984
25. Part I: Cause of Death  
a) Immediate Cause: Ruptured Abdominal Anuersysm -- hours  
b) Due to or as a Consequence of: Generalized Arteriosclerosis -- years  
Part II: Other Significant Conditions: Diabetes Mellitus
26. Autopsy? Yes
27. Was Medical Examiner or Coroner Notified: No
28. Accident: -----