

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: 0529

**VIOLA RABE**

TRANSCRIBED

1. Deceased-Name: Viola Rabe
2. Sex: Female
3. Social Security Number: 392-01-9140
4. a) Pronounced Dead Date: May 22, 1990                      b) Hour: 11:15 p.m.
5. Body Found 24+ Hours After Death: No
6. Age: 88 Years
7. Date of Birth: May 18, 1902
8. a) County of Death: Rock                      b) Death Occurred Inside City, Village, or Township: Janesville
9. c) Check One:  City     Village     Township
10. Death at Hospital:  Inpat.     Outpat.     DOA-From N.H.     ER-From N.H.
11.                       DOA-From Other     ER-From Other
12. Other Place:  Residence of Deceased     Nursing Home     Other
13. a) Hospital or Nursing Home (if not Hospital or Nursing Home, Give Street Address):  
Mercy Hospital of Janesville
14. Marital Status: Widowed
15. a) Residence-State: Wisconsin                      b) County: Rock
16. c) Residence Inside City, Village, or Township: Milton                      d) Check One:  City     Village     Township
17. Number and Street: Parkview Terrace                      ZIP Code: 53563
18. State of Birth: Wisconsin
19. Father's Name: Albert Stegeman
20. Mother's Maiden Name: Bertha Luedtke
21. Race: White
22. Decedent of Hispanic Origin? No
23. a) Usual Occupation: Sales Clerk                      b) Kind of Business or Industry: Clothing Industry
24. Education—Highest Grade Completed: 8
25. Was Decedent Ever in U.S. Armed Forces? No
26. Surviving Spouse: None
27. a) Informant-Name: John O'Bremann                      b) Mailing Address: Parkview Terrace Bldg. 1, Milton, Wisconsin 53563
28. Method of Disposition: Burial
29. Place of Disposition: Milton Cemetery
30. Location: Milton Wisconsin
31. Date Signed by Funeral Service Licensee: May 23, 1990
32. Date Received from Medical Certifier: May 30, 1990
33. a) Funeral Service Licensee or Person Acting as Such: Robert A. Albrecht                      b) WI License No.: 4289
34. Name and Mailing Address of Facility: Albrecht Funeral Home, Inc. 828 S. Janesville St., Milton, Wisconsin 53563
35. Medical Certifier: Certifying Physician
36. Date of Death: May 22, 1990
37. Autopsy Performed? No
38. a) Medical Certifier Signature and Title: Samuel L. Frazier, M.D.                      b) Date Signed: 5-25-90
39. a) Medical Certifier Name: Samuel L. Frazier, M.D.                      b) WI License Number: 19267
40. Certifier Mailing Address: 580 N. Washington, Janesville, WI 53545
41. Manner of Death: Natural
42. To 43. -----
43. Registrar-Signature: Esther A. Gage, Register of Deeds
44. Date Received by Registrar: Jan. 1, 1990
45. Part I: Cause of Death
46. a) Immediate Cause: Arteriosclerotic Heart Disease - Years
47. b) Due to or as a Consequence of: -----
48. Part II: Other Significant Conditions: -----