

The Commonwealth of Massachusetts

EDWARD J. CRONIN

SECRETARY OF THE COMMONWEALTH
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

86

Lynn

(City or town making return)

Registered No. 1367



Worcester (County)

Lynn (City or Town)

No. Lynn Hospital

St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

NAME Gustaf Bernhard Friberg (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) 5-04

Residence No. 2 Paton Terr. (Usual place of abode)

St. Swampscott (If nonresident, give city or town and State)

Age: In place of death 36 years, 1 month, 36 days. In place of residence 36 years, 1 month, 36 days.

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

Dec 8 1958 (Month) (Day) (Year)

9 SEX M 10 COLOR white 11 MARRIED married

I HEREBY CERTIFY that I have investigated the death of the above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

11a If married, widowed, or divorced HUSBAND of Ruth Call (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

12 IF STILLBORN, enter that fact here.

13 AGE 59 Years 3 Months 20 Days (If under 24 hours Hours Minutes)

14 Usual Occupation: (Kind of work done during most of working life)

15 Industry or Business: G.E. Transportation Dept

16 Social Security No. 009-05-6135

17 BIRTHPLACE (City) Manchester N.H. (State or country) 30

18 NAME OF FATHER Gustav Friberg

19 BIRTHPLACE OF FATHER (City) unknown Sweden (State or country) 36-1

20 MAIDEN NAME OF MOTHER Jennie Roslin

21 BIRTHPLACE OF MOTHER (City) unknown Sweden (State or country) 30-4

22 Informant Mrs. Ruth Friberg (Address) 2 Paton Terr. Swampscott

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

John V. Phelan, Jr. MD BR (Signature of Agent of Board of Health or other) Commissioner, Dec. 9, 1958 (Official Designation) (Date of Issue of Permit)

Heart Disease, Presumably cor-
Coronary Thrombosis 4201

1. Cause, suicide, or homicide (specify)

2. Date and hour of injury

3. Where did the death occur? (City or town and State)

4. Where did the death occur in or about home, on farm, in industrial place, or in other place? (Specify type of place)

5. How did the death occur? (How did injury occur?)

6. Was autopsy performed?

7. Was the disease or injury in any way related to occupation of deceased? (Specify)

8. Name of physician M. D. Edmund A. Jannino

9. Address of physician 181 No. Common St Date 19

10. Place of burial or cremation Lynn (City or Town)

11. Date of burial Dec. 10 1958

12. Name of funeral home Richardson's Fun.

13. Address of funeral home 48 Lafayette Park, Lynn

14. Date and time of filing 12/11/58 19

15. Name of Registrar