

**WISCONSIN STATE BOARD OF HEALTH**  
**ORIGINAL CERTIFICATE OF DEATH**
State Filing Date **AUG 7 1959**

State Birth No.

1. PLACE OF DEATH a. COUNTY <b>Douglas</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Wisconsin</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Superior</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Superior</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1606 Hammond Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>1606 Hammond Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Morris</b>		c. (Last) <b>Arnovich</b>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <b>7 20 59</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>11/6/10</b>	
9. AGE (In years) <b>48</b>		If under 1 year: Months   Days   If under 24 hrs: Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Proprietor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sportings Goods Store</b>	
11. BIRTHPLACE (State or foreign country) <b>Superior, Wis.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Charles Arnovich</b>		14. MOTHER'S MAIDEN NAME <b>Rosy Dorf</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes W. W. No. 2</b>		16. SOCIAL SECURITY NO. <b>391-10-3300</b>	
17. INFORMANT <b>Bertha Arnovich</b>		<b>Wife</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <b>PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion</b>		Interval Between Onset and Death <b>Sudden</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____			
} DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
20d. TIME OF INJURY a. m. p. m. Month, Day, Year		20e. INJURY OCCURRED White at Work <input type="checkbox"/> Not White At Work <input type="checkbox"/>	
20f. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
21. I attended the deceased from <b>7/20/59</b> to <b>7/20/59</b> and last saw her alive on <b>7/20/59 11:30 a.m.</b> Death occurred at <b>1:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Milton Finn</i> <b>Milton Finn, M.D.</b>		22b. ADDRESS <b>Superior, Wis.</b>	
22c. DATE SIGNED <b>7/21/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/22/59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Hebrew</b>		23d. LOCATION (City, town or county) (State) <b>Superior, Wis.</b>	
DATE REC'D BY LOCAL REG. <b>7-23-59</b>		REGISTRAR'S SIGNATURE <i>E. K. Stuckey</i>	
24. FUNERAL DIRECTOR <i>Wm. W. ...</i>		ADDRESS <b>Superior, Wis.</b>	