

STATE OF NEBRASKA

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DATE OF ISSUANCE

JUN 19 2012

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
 STANLEY S. COOPER  
 ASSISTANT STATE REGISTRAR  
 DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES

PHS-798(VS) REV. 4-48  
 FEDERAL SECURITY AGENCY  
 PUBLIC HEALTH SERVICE

STATE OF NEBRASKA  
 DEPARTMENT OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

STATE FILE NO. 52 2740

BIRTH NO. 126.....

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY Douglas	
b. CITY (If outside corporate limits, write Rural) OR TOWN Omaha		c. CITY (If outside corporate limits, write RURAL) OR TOWN Omaha	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS 4543 (If rural, give location) 4523 Poppleton	
3. NAME OF DECEASED (Type or Print) a. (First) Esther b. (Middle) Newman c. (Last) Sommer		4. DATE OF DEATH (Month) (Day) (Year) Mar. 27, 1952	
5. SEX Female	6. COLOR or RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH (In yrs. If Under 1 Yr. last birthday) Mos. Days Hours Min. Apr. 15, 1875 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTH- (City, town or county) (State or foreign country) Omaha, Nebr USA
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Unknown	
14. MOTHER'S MAIDEN NAME Unknown		14b. NAME OF HUSBAND OR WIFE Sam	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S NAME or Signature & Address Sam Sommer, 4523 Poppleton
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis	
Interval Between Onset and Death days		ANTECEDENT CAUSES DUE TO (b).....	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c).....	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY OR TOWN) (COUNTY) (STATE) (If rural area, write RURAL)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 3/27, 1952, to 3/27, 1952, that I last saw the deceased alive on 3/27, 1952, and that death occurred at 7:50 p.m., from the causes and on the date stated above.	
23a. SIGNATURE A. Greenberg (Degree or title) M.D.		23b. ADDRESS 3284 45th St	
23c. DATE SIGNED 3/27/52		24a. BURIAL CREMATION, REMOVAL (Specify) Burial	
24b. DATE 3-30-52		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	
24d. LOCATION (City, town, or county) (State) Omaha, Nebr		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Crosby-Kunold Mortuary 32 & Far	
DATE REC'D BY LOCAL REG. 3-28-52		REGISTRAR'S SIGNATURE	