

CERTIFICATE OF DEATH

1348

8455

1. PLACE OF DEATH: STATE OF MINNESOTA 2. COUNTY St Louis		8. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission.) a. STATE Minnesota b. COUNTY St Louis	
3. CITY, VILLAGE OR TOWNSHIP Duluth		c. CITY, VILLAGE OR TOWNSHIP Duluth	
d. NAME OF (If not in hospital or institution; give street address) HOSPITAL OR INSTITUTION St Luke's Hospital		d. STREET ADDRESS 1614 Jefferson Street	
e. IS PLACE OF DEATH INSIDE CORPORATE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CORPORATE LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			

3. NAME OF DECEASED (Type or Print) SAMUEL J. SLONIM		4. DATE OF DEATH Month Day Year Dec. 30 1960	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1888
9. AGE (In years last birthday) 72 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling agent - Crown Headlight Overall Mfg. Co	11. BIRTHPLACE (State or foreign country) Kovno, Lithuania
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Abraham Slonim	13b. MOTHER'S MAIDEN NAME unknown	14. SPOUSE'S NAME Susie Goodman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOC. SEC. NO.	17. INFORMANT'S OWN SIGNATURE <i>Samuel M. Slonim</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Terminal Pneumonia in a case of generalized multiple myeloma</i>		<i>2 days</i>
DUE TO (b) _____		<i>3 years</i>
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
20a. ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY):	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour: _____ M.: _____ P.M.: _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, VILLAGE OR TOWNSHIP COUNTY STATE
21. I certify I attended the deceased from <i>1957</i> to <i>less than 30 days</i> and that I last saw the deceased alive on <i>12/30 1960</i> and that death occurred at <i>2 am</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>F. J. Hirschland M.D.</i>	22b. ADDRESS <i>Duluth Minn</i>
22c. DATE SIGNED	

23a. BURIAL CREMATION: (Specify) burial	23b. DATE 1/1/61	23c. NAME OF CEMETERY OR CREMATORY Temple Emanuel Cemetery	23d. LOCATION (City, village or county) (State) Duluth Minnesota
24. DATE FILED BY LOCAL REG. JAN 4 1961	25. REGISTRAR'S SIGNATURE <i>[Signature]</i>	26. SIGNATURE OF MORTICIAN OR FUNERAL DIRECTOR <i>[Signature]</i>	27. ADDRESS 1547 3rd St.

698
698
021
203X
31

WRITE PLAINLY WITH UNFADING BLACK INK
MARGIN RESERVED FOR BINDING

[Signature]
Signature of Sub-Registrar

Serial or removal permit issued January 4, 1961

This becomes a permanent legal record when properly executed. Please type or use permanent ink.

103
027137
17000
0593
884
3
027137
17000

99

92
-1

MINNESOTA DEPARTMENT OF HEALTH

Section of Vital Statistics

CERTIFICATE OF DEATH

2281013155

LOCAL FILE NUMBER: 5166		STATE FILE NUMBER	
1. DECEASED - NAME FIRST MIDDLE LAST Sigmond M. Slonim			2. SEX Male
3. DATE OF DEATH MONTH DAY YEAR May 14, 1981			
4a. AGE (IN YEARS LAST BIRTHDAY) 103	4b. UNDER ONE YEAR MONTHS DAYS 103	4c. UNDER ONE DAY HOURS MINUTES	5. DATE OF BIRTH MONTH DAY YEAR Not Known 1878
6. RACE Caucasian		7. COUNTY OF DEATH St. Louis	
7b. LOCATION OF DEATH (CITY, VILLAGE OR TOWNSHIP) Duluth		7c. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Yes Lake Haven Manor Rest Home	
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Russia		9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SPECIFY Widowed
11. SPOUSE - NAME			
12. WAS DECEASED EVER IN U.S. ARMED FORCES SPECIFY YES OR NO No		13. SOCIAL SECURITY NUMBER 471-44-2251	14a. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Attorney at Law
14b. KIND OF BUSINESS OR INDUSTRY Self Employed			
15a. RESIDENCE - STATE Minnesota		15b. COUNTY St. Louis	15c. CITY, VILLAGE OR TOWNSHIP Duluth
15d. WIDE CORPORA (ILLUSTRATED)		15e. YES	
16a. FATHER - NAME Abraham Slonim		16b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Russia	17. ADDRESS OF DECEDENT STREET AND NUMBER POST OFFICE 7700 Grand Avenue
18a. MOTHER - MAIDEN NAME Zlotta Zalk		18b. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Russia	19. INFORMATION - NAME ADDRESS X Crawford Slonim 2906 East Summit Ave
20. PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B) AND (C))			
A. IMMEDIATE CAUSE General arteriosclerosis		IF DIAGNOSIS DEFERRED CHECK BOX	
B. DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 years	
C. DUE TO, OR AS A CONSEQUENCE OF			
PART II - OTHER SIGNIFICANT CONDITIONS			
21a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED SPECIFY		21b. DATE OF INJURY MONTH DAY YEAR HOUR	21c. INJURY AT WORK SPECIFY YES OR NO
22a. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING ETC.)		22b. LOCATION STREET OR RFD NUMBER CITY, VILLAGE OR TOWNSHIP COUNTY STATE	
22c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 20)			
23a. CERTIFICATION - PHYSICIAN I attended the deceased from 8-26-75 to 5-14-81 and last saw him/her on 5-14-81 . I did, did not, view the body after death. Death occurred at M on the date and time and on the date stated above and to the best of my knowledge due to the causes stated.		23b. CERTIFICATION - MEDICAL EXAMINER OR CORONER On the basis of the examination of the body and/or the investigation, in my opinion death occurred at M , on the date and due to the causes stated above. The decedent was pronounced dead on May 14, 1981 at M .	
23c. PHYSICIAN - SIGNATURE Robert J. Goldish		23d. MEDICAL EXAMINER OR CORONER - SIGNATURE	
23e. PHYSICIAN - NAME (TYPE OR PRINT) Robert J. Goldish, M.D.		23f. MEDICAL EXAMINER OR CORONER - NAME (TYPE OR PRINT)	
23g. MAILING ADDRESS - PHYSICIAN, MEDICAL EXAMINER OR CORONER 220 Medical Arts Building, Duluth, Minnesota 55802		23h. DATE SIGNED MONTH DAY YEAR 5/20/81	
24a. BURIAL, CREMATION, REMOVAL SPECIFY Burial		24b. CEMETERY OR CREMATORY - NAME Temple Emanuel Cemetary	24c. LOCATION (CITY, VILLAGE OR COUNTY) (STATE) Duluth, Minnesota
24d. DATE OF BURIAL, CREMATION OR REMOVAL MONTH DAY YEAR May 17, 1981		24e. FUNERAL HOME - NAME Crawford Funeral Service	24f. FUNERAL HOME - ADDRESS 131 East 2nd Street
24g. DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR MAY 28 1981		24h. LOCAL REGISTRAR - SIGNATURE Rum. Abbott, Quality	24i. MORTICIAN OR FUNERAL DIRECTOR - SIGNATURE James Crawford 349

SIGNATURE OF SUB REGISTRAR
MAY 17 1981
BURIAL OR REMOVAL PERMIT ISSUED

Village of Moose Lake, Minnesota
 MINNESOTA STATE DEPARTMENT OF HEALTH
 Division of Birth and Death Records and Vital Statistics

1740
 33

Dist. No. _____
 To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. _____

96

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY CHECKED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

1 PLACE OF DEATH: STATE OF MINNESOTA
 County Carlton
 Township _____
 Village Moose Lake
 City _____
 No. Moose Lake State Hospital St. _____
 (If hospital or institution give its NAME instead of St. and No.)
 Length of stay:
 In hospital or institution -- yrs. 1 mos. 1 days
 In this community -- yrs. 1 mos. 1 days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission)
 State Minnesota
 County St. Louis
 Township _____
 Village _____
 City Duluth
 No. 830-East 6th Street St. _____
 Is residence within limits of city or incorporated village? Yes

3 FULL NAME ABRAHAM SLONIM

4 (a) SOCIAL SECURITY NO. _____ 4 (b) IF VETERAN, Name WAR NO. _____

5 SEX Male 6 COLOR OR RACE White 7 Single, Married, Widowed or Divorced (Write the word) widowed

8 (a) If Married, Widowed or Divorced, NAME OF HUSBAND OR WIFE Elatta L. 8 (b) AGE if alive _____ Years

9 DATE OF BIRTH (month, day, year) Dec. 15, 1861

10 AGE Years 82 Months 3 Days 0 IF LESS than 1 day, hrs. or min. _____

11 USUAL OCCUPATION Tradesman (retired)

12 INDUSTRY OR BUSINESS Unknown

13 BIRTHPLACE (City or Town) Russia (State or Country)

14 NAME Mayer Slonim

15 BIRTHPLACE (City or Town) Russia (State or Country)

16 MAIDEN NAME Fluma ?

17 BIRTHPLACE (City or Town) Russia (State or Country)

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant's own Signature _____

Address Moose Lake, Minn.

19 Buried at _____ or Removed to Duluth, Minn. Date Mar 16, 1944 (Cremation—No—Yes)

20 Signature of Embalmer or Funeral Director: A. E. Haulin Emb. Lic. No. 1479

Address Moose Lake, Minn. B. D. Lic. No. 15

Firm Name Dunbar Terminal House

21 Date Received 3-16-44 Signature of Local Registrar _____

MEDICAL CERTIFICATION

22 DATE OF DEATH Mar 15, 1944

23 I HEREBY CERTIFY: That I attended deceased from Feb 14, 1944 to Mar 15, 1944
 I last saw deceased alive on Mar 15, 1944

To the best of my knowledge, death occurred on the date stated above, at 9:29 a.m.

Immediate cause of death _____

Arterio Sclerosis 18 mo

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or Town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ While at work? _____ (Specify type of place)

(e) Means of injury _____

25 Signature E. W. Kuehberg M. D. Address Moose Lake Date 3/15/44

A. E. Haulin

Signature of Sub-Registrar

3-15-44

Burial or removal permit issued

REC'D APR 6 1944

READ INSTRUCTIONS ON BACK CAREFULLY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

NO.

PLACE OF DEATH

STATE OF MINNESOTA

DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

22240

County of St. Louis

Township of _____
OR

Village of _____
OR

City of Duluth (No. 326th & 6th St.; 2nd Ward)

Registered No. 1234

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Dorothy Slonim

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Aug. 2nd 1893

AGE 16 years, 8 months, 27 days

SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

AGE AT MARRIAGE, NUMBER OF CHILDREN } If married, age at (first) _____ marriage
Parent of _____ children, of whom _____ are living

BIRTH PLACE (State or Country) Russia

OCCUPATION School girl

NAME OF FATHER Abraham Slonim

BIRTHPLACE OF FATHER (State or Country) Russia

MAIDEN NAME OF MOTHER Estie Zalk

BIRTHPLACE OF MOTHER (State or Country) Russia

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) _____
(Address) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29 1910
(Month) (Day) (Year)

I attended deceased from April 29th 1910
to April 29 1910 I last saw her alive on April 29 1910
and I HEREBY CERTIFY that death occurred on the date above at 12 M. The DISEASE

CAUSING DEATH [or MEANS OF DEATH*] was _____
(Deaths from violence) Duration in Yrs. Months Days, or Hours

Swallowed accidentally 3/4 of carbolic acid
Resulting in nervous shock and cardiac failure

(Signed) Miss J. J. Hill M. D.
April 29, 1910 (Address) Duluth
*State how injury occurred and whether Accidental Suicidal Homicidal

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents:
Former or usual Residence _____ How long at place of death? _____ Days
Where was disease contracted. If not at place of death?

PLACE OF BURIAL OR REMOVAL Jewish DATE OF BURIAL May 1st 1910

UNDERTAKER L. Cassin ADDRESS Duluth

Filed _____ to H. E. Webster, M. D. Registrar
Address _____

Sub-Registrar

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Received