MINNESOTA DEPARTMENT OF HEALTH
Section of Vital Statistics

CERTIFICATE OF DEATH

8-655

1. PLACE OF DEATH: STATE OF MINNESOTA
   CITY, VILLAGE, TOWNSHIP: St Louis
   COUNTY: Duluth
   State: Minnesota
   County: St Louis
   Length of Stay in 1st Hospital: 60 yrs
   4. NAME OF DECEASED (If not in hospital or institution, give street address)
      St Lake's Hospital
      1614 Jefferson Street
   5. NAME OF DECEASED (First and Last Name)
      Samuel J. Slonim
   6. SEX
      Male
   7. Color or Race
      White
   8. Date of Birth
      July 7, 1888
   9. Age at Death
      72 yrs
   10. Date of Death
      Dec. 30, 1960
   11. Birthplace (State or foreign country)
      Kovno, Lithuania
   12. Citizenship
      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?
      No
      unknown
   17. Did deceased person ever have a signature?
      Samuel M. Slonim
   18. Cause of Death
      Immediate Cause: Leukemia, chronic anemia in a cancer the condition, leading to a cause of death, due to cause: 3 days
      Due to cause: 3 years
   19. Was autopsy performed?
      No
   20. Date and Place of Operation
      21. Major Findings of Operation
      22a. Time of Injury
      22b. Place of Injury
      22c. Description of Injury
      23. Accident, Suicide, or Homicide
      24. Condition of Work at Time of Injury
      25. Date of Death
      26. Signature
      27. Date of Death
      28. Name of Crematory
      29. Burial
      30. Date of Burial

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<table>
<thead>
<tr>
<th><strong>DECEASED NAME</strong></th>
<th><strong>SEX</strong></th>
<th><strong>DATE OF DEATH</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sigmund M. Slonim</td>
<td>Male</td>
<td>May 14, 1981</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>AGE IN YEARS</strong></th>
<th><strong>UNDER ONE YEAR OLD</strong></th>
<th><strong>DATE &amp; PLACE OF DEATH</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>103</td>
<td>Not Known</td>
<td>Duluth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>LOCATION OF DEATH</strong></th>
<th><strong>CITY, VILLAGE OR TOWNSHIP</strong></th>
<th><strong>COUNTY OF DEATH</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Duluth</td>
<td>Lake Haven Manor Rest Home</td>
<td>St. Louis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>MARITAL STATUS</strong></th>
<th><strong>NAME OF SPOUSE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Widowed</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>SOCIAL SECURITY NUMBER</strong></th>
<th><strong>EXACT OCCUPATION</strong></th>
<th><strong>GROSS BUSINESS OR INDUSTRY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>471-44-2251</td>
<td>Attorney at Law</td>
<td>Self-Employed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>NATURAL CAUSE OF DEATH</strong></th>
<th><strong>AGE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>General arteriosclerosis</td>
<td>65 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>MEDICAL CERTIFICATION</strong></th>
<th><strong>SIGNATURE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>220 Medical Arts Building, Duluth, Minnesota 55802</td>
<td>Robert F. Goldie, M.D.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>BURIAL</strong></th>
<th><strong>DATE OF BURIAL</strong></th>
<th><strong>PLACE OF BURIAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emanuel Cemetery</td>
<td>May 17, 1981</td>
<td>Duluth, Minnesota</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CERTIFICATION - MEDICAL EXAMINER OR CORONER</strong></th>
<th><strong>DATE SIGNED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>220 Medical Arts Building, Duluth, Minnesota 55802</td>
<td>May 28, 1981</td>
</tr>
</tbody>
</table>
**Certificate of Death**

**Place of Death:** State of Minnesota  
**County:** Carlton  
**Township:** Moose Lake  
**Village:** Moose Lake  
**City:** Moose Lake State Hospital  
**State:** Minnesota  

**Usual Residence of Deceased:**  
**County:** St. Louis  
**Township:** Duluth  
**Village:** Duluth  
**City:** Duluth  
**St:** 820 East 6th Street  
**Residence within limits of city or incorporated village:** Yes  

**Full Name:** Abraham Slonim  
**Social Security No.:**  
**Sex:** Male  
**Color or Race:** White  
**Marital Status:** Widowed  
**Age at Death:** 82  
**Month:** Dec.  
**Year:** 1961  

**Birthplace:** (City or Town) Russia  
**Mother's Name:** Fruma  
**Father's Name:** Mayer Slonim  
**Maiden Name:** Fruma  

**Date of Death:** Dec. 15, 1961  
**Place:** Duluth  
**Cause:** Heart Disease  
**Physician:** Arthur Selvorski  
**Place of Death:** Moose Lake State Hospital  

**Medical Certification:**  
**Date of Death:** Dec. 15, 1961  
**Place:** Duluth  
**Cause:** Heart Disease  

**Date of Birth:** Dec. 15, 1961  
**Place:** Russia  

**Address:** Moose Lake, Minn.
STATE OF MINNESOTA
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH
Registered No. 723

PLACE OF DEATH
County: St. Louis
Township: 
Village of: 
City of: Duluth
(No. 3216 6th St.; 2nd Ward)

FULL NAME: Dorothy Slonim

SEX: Female
COLOR: White

DATE OF DEATH: April 29, 1910

DATE OF BIRTH: Aug. 2nd, 1893

AGE: 16 years, 8 months, 27 days

SEX: Single

AGE AT MARRIAGE: Single

NUMBER OF CHILDREN: None

BIRTHPLACE: Russia

OCCUPATION: School girl

NAME OF FATHER: Abraham Slonim

BIRTHPLACE OF FATHER: Russia

MAIDEN NAME OF MOTHER: Lette Zalk

BIRTHPLACE OF MOTHER: Russia

MEANS OF DEATH: Swallowed Accidentally 31 of Carboxylic Acid

DURATION IN YEARS, MONTHS, DAYS OR HOURS: 12

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

Informant

Address

Registrar

R. E. Walker, M.D.