

SALT LAKE CITY - COUNTY HEALTH DEPARTMENT
DIVISION OF VITAL STATISTICS
 STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Answers to questions on this form are limited unless the Utah Statutes, Act and Rules

LOCAL FILE NUMBER **18-228**

STATE FILE NUMBER

DECEDENT	1. NAME OF DECEDENT FIRST MIDDLE LAST Helmut G. RATHKE			2. SEX MALE	3a. DATE OF DEATH (Mo. Day, Yr) January 15, 1994	3b. TIME OF DEATH (24 hr. clock) 0748	
	4. DATE OF BIRTH (Mo., Day, Yr) August 18, 1940		5. AGE (Year, Month, Days) 53	6. BIRTHPLACE (City & State or Foreign Country) Berlin, Germany		7. SOCIAL SECURITY NUMBER 529-58-8009	
	8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility give street address of location) St. Mark's Hospital			
	8c. CITY, TOWN OR LOCATION OF DEATH Salt Lake City			8d. COUNTY OF DEATH Salt Lake		9. SURVIVING SPOUSE (If wife, give maiden name) Karin Laurenz	
DISPOSITION	10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Sales		
	12b. KIND OF BUSINESS OR INDUSTRY Industrial Marketing Industrial Filtration		13a. RESIDENCE - STREET AND NUMBER 3240 Coronet Drive		13b. CITY, TOWN OR COMMUNITY Holladay		
	13c. COUNTY Salt Lake		13d. STATE Utah		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)		
	15. RACE - Black, White, Am. Indian (Trace may be entered), Japanese, etc. (Specify) white		16. EDUCATION (Specify only highest grade completed) (Elementary or Secondary (0-12) College (13-16 or 17+)) 16		17. FATHER'S NAME (First, Middle, Last) Erwin Rathke		
18. MAIDEN NAME OF MOTHER (First, Middle, Last) Bertha Zarske		19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Karin L. Rathke, wife 3240 Coronet Drive, Holladay, Utah 84124					
CERTIFIER	20. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		21a. DATE OF DISPOSITION Jan. 19, 1994		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Wasatch Lawn Mem. Park		
	21c. LOCATION - City or town, State Salt Lake City, Utah		22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Mitchell L. Blackburn</i>		23. LICENSEE NUMBER 116163		
	24. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 1/14/94		25. IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO M.E.? (If yes, enter the date and hour reported. M.E. Case No.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. FUNERAL HOME (Name, address and license number) Wasatch Lawn Mortuary 3401 Highland Drive Salt Lake City, Utah 84106		
27a. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.		27b. SIGNATURE AND TITLE OF CERTIFIER <i>Richard W. Bennett</i>		27c. LICENSE NUMBER 07912			
27d. DATE SIGNED (Mo., Day, Yr.) 1/17/94		28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 31) (Type print) Richard W. Bennett, M.D. 9720 S. 1300 E. Sandy, Utah 84094					
CAUSE OF DEATH	29. REGISTRAR'S SIGNATURE <i>Thomas J. Schlick</i>		29a. DATE FILED (Month, Day, Year) Jan. 18, 1994		30. DATE OF DEATH (Month, Day, Year) Jan. 15, 1994		
	31. PART I - Enter the DISEASE, INJURY, OR COMPLICATION THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Approximate Interval Between Onset And Death						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Staph aureus bacteremia		DUE TO (OR AS A CONSEQUENCE OF)		1wk		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST Emphysema		DUE TO (OR AS A CONSEQUENCE OF)		1wk		
PART II - Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I Insulin Dependent Diabetes Diabetes Insipidus							
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined if traced Pursued or Accidentally <input type="checkbox"/> Pending Investigation		33. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input type="checkbox"/> Did not contribute to the cause of death <input type="checkbox"/> Is unknown in relation to the cause of death		34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		35. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
36. DATE OF INJURY (Month, Day, Year)		37. TIME OF INJURY (If hour clock)		38. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. PLACE OF INJURY (If home farm, street, factory, office, building, etc. (Specify))	
39a. LOCATION (Street or rural route number, city or town, county and state)		39b. IF MOTOR VEHICLE ACCIDENT, specify if decedent was driver, passenger or pedestrian				39c. DESCRIBE HOW INJURY OCCURRED, and sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE	

This is to certify that this is a true copy of the information on file in this office. This certified copy is issued under authority of Section 26-15-28 of the Utah Code Annotated, 1953 as amended.

Date issued **JAN 18 1994**

Thomas J. Schlick
 Director of Health
Mary Lee J. Mackays
 DEPUTY REGISTRAR



BK 7605PC2056

100696

VTDI 22-02-210-011-0000 DIST 17
RATHKE, HELMUT G. & KAREN L.

PRINT P UPDATE
LEGAL

TOTAL ACRES	0.19
REAL ESTATE	53000
BUILDINGS	61300
MOTOR VEHIC	0
TOTAL VALUE	134300

3240 E CORONET DR EDIT 1 TAX CLASS NE
SALT LAKE CITY UT 841243108 FACTOR BYPASS
LOC: 3240 E CORONET DR EDIT 1 GROWTH PCT 0

BOOK 0000 PAGE 0000 DATE 00/00/00
SUB: MAJESTIC HEIGHTS NO. 3 TYPE UNKN FLAT

02/26/97 PROPERTY DESCRIPTION FOR TAXATION PURPOSES ONLY
LOT 158 MAJESTIC HEIGHTS NO 3

UNCL 1972
CO. RECORDER

02/26/97 11:54 AM 6580131 12.00
NANCY WORKMAN
RECORDER, SALT LAKE COUNTY, UTAH
KAREN RATHKE
3240 E CORONET DR
SLC UT 84124
REC BY: P ANDERSON DEPUTY - HI

BK 7605 PG 2057