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|---|--|--|--|---|--|
| 1. DECEASED - NAME<br><b>Roger Ernest Krause</b>              |  | 2. SEX<br><b>Male</b>  |  | 3. DATE OF DEATH<br><b>February 1, 1987</b>                             |  |
| 4. AGE (in Years)<br><b>72</b>                                |  | 5. DATE OF BIRTH<br><b>December 19, 1914</b>                           |  | 6. RACE<br><b>Caucasian</b>   |  |
| 7. LOCATION OF DEATH<br><b>Golden Valley</b>                  |  | 8. HOSPITAL OR OTHER INSTITUTION<br><b>Colonial Acres Nursing Home</b> |  | 9. COUNTY OF DEATH<br><b>Hennepin</b>                                   |  |
| 10. BIRTHPLACE (State or Foreign Country)<br><b>Minnesota</b> |  | 11. CITIZENSHIP<br><b>USA</b>  |  | 12. MARRIAGE STATUS<br><b>Married</b>                                   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>477-07-4156</b>              |  | 14. USUAL OCCUPATION<br><b>Teacher</b>                                 |  | 15. SPOUSE - NAME<br><b>Bessie</b>                                      |  |
| 16. RESIDENCE - STATE<br><b>Minnesota</b>                     |  | 17. COUNTY<br><b>Hennepin</b>  |  | 18. CITY, VILLAGE OR TOWNSHIP<br><b>Golden Valley</b>                   |  |
| 19. FATHER - NAME<br><b>Ernest Krause</b>                     |  | 20. BIRTHPLACE (State or Foreign Country)<br><b>Minnesota</b>          |  | 21. ADDRESS OF DECEDENT<br><b>5825 St. Croix Ave. Golden Valley, MN</b> |  |
| 22. MOTHER - MAIDEN NAME<br><b>Dorothy Leone</b>              |  | 23. BIRTHPLACE (State or Foreign Country)<br><b>Minnesota</b>          |  | 24. INFORMANT - NAME<br><b>Edith, MN. 55435</b>                         |  |
| 25. PART I - DEATH CAUSED BY<br><b>Pancreatic Cancer</b>      |  | 26. IF DIAGNOSIS DEFERRED  |  | 27. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH<br><b>Months</b>       |  |
| 28. DUE TO, OR AS A CONSEQUENCE OF                            |  | 29. DUE TO, OR AS A CONSEQUENCE OF                                     |  | 30. PART II - OTHER SIGNIFICANT CONDITIONS                              |  |
| 31. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED               |  | 32. DATE OF INJURY   |  | 33. INJURY AT WORK  |  |
| 34. PLACE OF INJURY   |  | 35. LOCATION   |  | 36. HOW INJURY OCCURRED   |  |
| 37. CERTIFICATION - PHYSICIAN                                 |  | 38. CERTIFICATION - MEDICAL EXAMINER OR CORONER                        |  | 39. MEDICAL EXAMINER OR CORONER - SIGNATURE                             |  |
| 40. PHYSICIAN - NAME<br><b>BURTON S. SCHWARTZ, M.D.</b>       |  | 41. MEDICAL EXAMINER OR CORONER - NAME                                 |  | 42. MAILING ADDRESS<br><b>2545 Chicago Ave. So. #402 Mpls. MN 55404</b> |  |
| 43. BURIAL, CREMATION, REMOVAL<br><b>Burial</b>               |  | 44. CEMETERY OR CREMATORY<br><b>Lakewood Cemetery</b>                  |  | 45. LOCATION<br><b>Minneapolis, Hennepin, Minnesota</b>                 |  |
| 46. DATE OF BURIAL, CREMATION, REMOVAL<br><b>Feb. 5, 1987</b> |  | 47. FUNERAL HOME<br><b>WERNESS BROTHERS</b>                            |  | 48. FUNERAL HOME ADDRESS<br><b>3500 West 50th Street Mpls., MN. 554</b> |  |
| 49. DATE FILED BY LOCAL REGISTRAR<br><b>FEB 4 1987</b>        |  | 50. LOCAL REGISTRAR SIGNATURE<br><i>Patricia McCauley</i>              |  | 51. MORTICIAN OR FUNERAL DIRECTOR SIGNATURE<br><i>Mark K. ...</i>       |  |

State of Minnesota) SS  
County of Hennepin)

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Statistics Registration of the Minnesota Department of Health.

Dated at Minneapolis

Frederick A. ... STATE REGISTRAR EXHIBIT 861