STATE OF MICHIGAN

DEPARTMENT OF HEALTH

Certificate of Birth Registration

This is to certify that the birth of

HELEN JANE STORMZAUD

HAS BEEN DULY REGISTERED WITH THE MICHIGAN DEPARTMENT OF HEALTH

BORN IN GRAND RAPIDS REGISTRATION NUMBER 141-16329

PARENTS' NAME WILLARD AND GERTRUDE

DATE OF BIRTH MAY 27, 1926

T. W. Wolin M.D.

COMMISSIONER

Form 16

Certificate as to Birth

STATE OF MICHIGAN, }
County of Kent, } ss.

I, LEWIS J. DONOVAN, Clerk of the Circuit Court for the said County of Kent do hereby certify that upon a careful examination of the original records on file in the office of the Clerk of said County and Court, I find the following record as to the birth of Helen Jane Stormzand

Date of Birth May 27, 1926

Sex Female ; Color White ; Legitimate

Birthplace Grand Rapids

PARENTS

Name of Father Willard Stormzand Residence 970 Cherry

Name of Mother Gertrude Middle Residence 970 Cherry

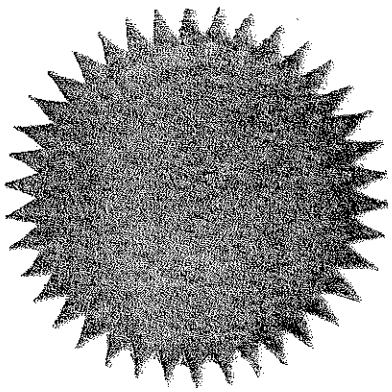
Birthplace of Father Michigan Occupation Fireman

Birthplace of Mother Michigan

All of which appears as of record dated 6-15-26

and the same being the whole of such original record of said birth as

Recorded in Liber #27 of RECORD OF BIRTH on page 314



IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal, at the City of Grand Rapids, in said County, this 18th day of August A. D. 1948

LEWIS J. DONOVAN, Clerk.

Adrian Raymond Deputy

Marriage License

7-11

KENT COUNTY, MICHIGAN

State File No.

105-28

Local File No.

To any person legally authorized to solemnize marriage in the State of Michigan,

Greeting:

Marriage must be solemnized within 30 days of date of issue *in the State of Michigan* between

HOWARD E. GELDHOF (Full name of male)	and HELEN J. STORMZAND (Full name of female)
23 (Age at last birthday) — White (Color)	24 (Age at last birthday) — White (Color)
1407 N. Market (Residence No. Street)	105 Baynton N.E. (Residence No. Street)
Canton, Ohio (City Zone No. State)	Grand Rapids 3, Michigan (City Zone No. State)
Allegan, Michigan (Birthplace—city and state)	Grand Rapids, Michigan (Birthplace—city and state)
Engineer (Occupation)	Teacher (Occupation)
None (Number of times previously married)	None (Number of times previously married)
G. Stuart Geldhof (Father's full name)	Willard Stormzand (Father's full name)
Christine Van Ness (Mother's maiden name)	Gertrude Middel (Mother's maiden name)

________ (Maiden name (if a widow)), and whose parent's or guardian's consent, in case she has not attained the age of eighteen years, has been filed in my office. An affidavit has been filed in this office, as provided by Public Act No. 128, Laws of 1887, as amended, by which it appears that said statements are true.

In witness whereof, I have signed and sealed these presents, this 13th day of July, A. D. 1950.

L.S.

LEWIS J. DONOVAN
County Clerk

Paul Smits
Deputy County Clerk

This marriage license VOID 30 days after date of issue.

Certificate of Marriage

Between Mr. Howard E. Geldhof and M Helen J. Stormzand

I hereby certify that, in accordance with the above license, the persons herein mentioned were joined in marriage by me, at Grand Rapids, county of Kent, MICHIGAN, on the Fifteenth day of July A. D. 1950, in the presence of [illegible] (Full name) of Grand Rapids Mich (Residence—city and state), and [illegible] (Full name) of Grand Rapids Mich (Residence—city and state) as witnesses.

John A. Dykstra
Signature of magistrate or clergyman

Clergyman
Official title

851 [illegible] Dr. S.E.
Post office address

THIS DUPLICATE must be delivered by the person solemnizing marriage to one of the parties joined in marriage.

This space reserved for binding

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CF

STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER
№ 0318959

TYPE/PRINT IN PERMANENT BLACK INK

NAME OF DECEDENT FOR USE BY PHYSICIAN OR INSTITUTION

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): HOWARD E GELDHOF
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): May 25, 1990
4a. AGE - Last Birthday (Years): 63
4b. UNDER 1 YEAR: MONTHS / DAYS
4c. UNDER 1 DAY: HOURS / MINUTES
5. DATE OF BIRTH (Month, Day, Year): November 4, 1926
6. COUNTY OF DEATH: Grand Traverse
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number): Munson Medical Center
7b. IF HOSP. OR INST. Inpatient, Op./Emer. Room, DOA (Specify): Inpatient
7c. CITY, VILLAGE, OR TOWNSHIP OF DEATH: Traverse City
8. SOCIAL SECURITY NUMBER: 376-22-0083
9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Sales Engineer
9b. KIND OF BUSINESS OR INDUSTRY: Automotive
10a. CURRENT RESIDENCE - STATE: Michigan
10b. COUNTY: Grand Traverse
10c. LOCALITY (Check one box and specify): ☐ INSIDE CITY OR VILLAGE OF ☒ TWP. OF Peninsula
10d. STREET AND NUMBER: 1095 Quaker Valley Dr.
10e. ZIP CODE: 49684
11. BIRTHPLACE (City and State or Foreign Country): Allegan, Michigan
12. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married
13. SURVIVING SPOUSE (If wife, give name before first married): Helen Stormzand
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below): Holland
16. RACE - American Indian, Black, White, etc. If Asian, give nationality i.e., Chinese, Filipino, Asian Indian, etc. (Specify below): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 4; College (1-4 or 5+): 2" 5+

PARENTS

18. FATHER'S NAME (First, Middle, Last): George Stuart Geldhof
19. MOTHER'S NAME (First, Middle, Surname before first married): Christine VanNess

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Helen Geldhof
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code): 1095 Quaker Valley Dr. Traverse City, Michigan 49684

DISPOSITION

21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (Specify): Cremation
22a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place): Northern Cremation Service
22b. LOCATION - City or Village, State: Traverse City, Michigan
23. SIGNATURE OF FUNERAL SERVICE LICENSEE: [signature]
24. LICENSE NUMBER (of Licensee): 06329
25. NAME AND ADDRESS OF FACILITY: Reynolds-Jonkhoff Funeral Home 305 Sixth st. Traverse City, Michigan 49684

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications 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) → a.	Metastatic Prostate Cancer	26 months
DUE TO (OR AS A CONSEQUENCE OF): b.		
Sequentially list conditions IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST — DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

27a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

CERTIFIER

28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify): Hospital
29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): No

CERTIFYING PHYSICIAN

30a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Richard Kosinski
30b. DATE SIGNED (Mo., Day, Yr.): 5/25/90
30c. TIME OF DEATH: 855 A M
30d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

MEDICAL EXAMINER

MEDICAL EXAMINER

31a. (Check one only) ☐ The case reviewed and determined not to be a medical examiner's case. ☐ On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title):
31b. DATE SIGNED (Mo., Day, Yr.):
31c. CASE NUMBER:
31d. PRONOUNCED DEAD (Mo., Day, Yr.): ON
31e. TIME OF DEATH: M

32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print): Richard Kosinski, MD 1020 Sixth Traverse City MI
32b. LICENSE NUMBER: 49951

MEDICAL EXAMINER

33a. ACC. SUICIDE, HOM. NATURAL OR PENDING INVEST. (Specify): Natural
33b. DATE OF INJURY (Mo., Day, Yr.):
33c. TIME OF INJURY: M
33d. DESCRIBE HOW INJURY OCCURRED
33e. INJURY AT WORK (Specify Yes or No):
33f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify):
33g. LOCATION - Street or R.F.D. No. City, Village or Twp. State

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34a. REGISTRAR'S SIGNATURE: Vickie Hulburt Deputy
34b. DATE FILED (Month, Day, Year): May 31, 1990

I HEREBY CERTIFY THIS COPY TO BE A TRUE AND CORRECT COPY OF THE RECORD ON FILE WITH THE OFFICE OF THE COUNTY CLERK.

VIRGINIA A. WATSON, GRAND TRAVERSE COUNTY CLERK

BY: Marilyn VanAcres DATE: MAY 31 1990