FORM 6

PROVINCE OF
BRITISH COLUMBIA (Canada)
DEPARTMENT OF HEALTH
Division of Vital Statistics

REGISTRATION OF
DEATH

Registration No. (Department use only)
77-09-010942

NAME OF DECEASED

1. Surname of deceased *(print or type)*: * KORDES

All given names in full *(print or type)*: JAN JANNES

2. SEX: MALE

PLACE OF DEATH

3. Name of hospital or institution *(otherwise give exact location where death occurred)*: VANCOUVER GENERAL HOSPITAL

City, town or other place *(by name)*: VANCOUVER, B.C.

Inside municipal limits? *(State Yes or No)*: YES

USUAL RESIDENCE

4. Complete street address: If rural give exact location *(not Post Office or Rural Route address)*: 625 - HOWARD AVENUE

City, town or other place *(by name)*: BURNABY

Inside municipal limits? *(State Yes or No)*: YES

Province (or country): B.C.

MARITAL STATUS

5. Single, married, widowed, or divorced *(Specify)*: MARRIED

6. If married, widowed, or divorced, give full name of husband or full maiden name of wife: GOWLAND JENNY OLIVE

OCCUPATION

7. Kind of work done during most of working life: PHOTOGRAPHER

8. Kind of business or industry in which worked: COMMERCIAL

BIRTHDATE

9. Month *(by name)*, day, year of birth: NOVEMBER 1 1920

10. AGE *(years)*: 56

(Months) If under 1 year:

(Days):

(Hours) If under 1 day:

(Minutes):

BIRTHPLACE

11. City or place Province *(or country)* of birth: HANNOVER, GERMANY

12. Native Indian? Yes ☐ No ☒ If "yes" state name of band

FATHER

13. Surname and given names of father *(print or type)*: ENGELHARDT BRUNO

14. BIRTHPLACE – City or place, Province *(or country)*: THURINGIA, GERMANY

MOTHER

15. Maiden surname and given names of mother *(print or type)*: ROSENFELD MARGARETE

16. BIRTHPLACE – City or place, Province *(or country)*: W. PRUSSIA, POLAND

INFORMANT

17. Signature of informant: X Jenny Kordes

18. Relationship to deceased: WIFE

19. Address of informant: Mrs. J. Kordes, 625-S. Howard, Burnaby, B.C. V5B 3R2

20. Date signed – Month, day, year: July 19, 1977

DISPOSITION

21. Burial, cremation or other disposition *(specify)*: CREMATION

22. Date of burial or disposition *(month, day, year)*: JULY 22 1977

23. Name and address of cemetery, crematorium or place of disposition: NORTH SHORE CREMATORIUM NORTH VANCOUVER, B.C.

FUNERAL DIRECTOR

24. Name and address of funeral director *(or person in charge of remains) (print or type)*: FIRST MEMORIAL SERVICES LTD. NORTH VANCOUVER, B.C.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

25. Month *(by name)*, day, year of death: JULY 18 1977

Approx. interval between onset & death

CAUSE OF DEATH

26. Part I

Immediate cause of death (a): Post cardiac surgery - myocardial failure

due to, or as a consequence of

Antecedent causes, if any, giving rise to the immediate cause (a) above, stating the *underlying cause last*

(b): Chronic Rheumatic Heart Disease -

due to, or as a consequence of

(c): Mitral Stenosis severe

Part II

Other significant conditions contributing to the death but not causally related to the immediate cause (a) above: Aortic Regurgitation - mild.

AUTOPSY PARTICULARS

27. Autopsy being held? Yes ☒ No ☐

28. Does the cause of death stated above take account of autopsy findings? Yes ☒ No ☐

29. May further information relating to the cause of death be available later? Yes ☐ No ☒

ACCIDENT OR VIOLENCE *(If applicable)*

30. If accident, suicide, homicide or undetermined *(specify)*:

31. Place of injury *(e.g. home, farm, highway, etc.)*:

32. Date of injury (Month *(by name)*, day, year):

33. How did injury occur? *(describe circumstances)*:

SURGICAL OPERATION

34. If there was a recent surgical operation give date of operation: July 18/77

35. State operative findings: Mitral + Aortic Valve Disease -

CERTIFICATION *(attending physician, coroner, etc.)*

36. I certify that to the best of my knowledge and belief the above-named person died on the date and from the causes stated herein:

Signature *(attending physician, coroner, etc.)*: X

Attending physician ☒ Physician examining body after death ☐ Coroner ☐

37. Name of physician or coroner *(print or type)*: Peter Allen.

Address: 750 West Broadway Vancouver.

Date: Month, day, year: 21/7/77.

IMPORTANT: Any change or correction made in the completion of this form must be initialled by the person certifying the original information.

See Reverse for Instructions

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Notations: * No. 1, "JAN HANNES KORDES", Verification #1535, August 2nd, 1977

CERTIFICATION OF DISTRICT REGISTRAR

I certify this return was accepted by me on this date at – VANCOUVER, B.C. JUL 22 1977 B.C.

District Registration No. 3046

Date: Month *(by name)*, day, year

Signature of District Registrar

DEPUTY

4–2302–3.14: 26-9-73