STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 4100 2781

1a. NAME OF DECEASED—FIRST NAME: Ted (Theadore)	1b. MIDDLE NAME: Joseph	1c. LAST NAME: Seufert III	2a. DATE OF DEATH—MONTH, DAY, YEAR: November 12, 1966	2b. HOUR: 7:30 P.M.
3. SEX: male	4. COLOR OR RACE: WHITE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): OREGON	6. DATE OF BIRTH: 3-29-1913	7. AGE (LAST BIRTHDAY): 53 YEARS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HOURS: HOURS, MINUTES
8. NAME AND BIRTHPLACE OF FATHER: TED SEUFERT, ORE.		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: MARIE STAURT, ORE.	10. CITIZEN OF WHAT COUNTRY: U SA	11. SOCIAL SECURITY NUMBER: 557 05 5267
12. LAST OCCUPATION: BROKER	13. NUMBER OF YEARS IN THIS OCCUPATION: 20	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): SELF.	15. KIND OF INDUSTRY OR BUSINESS: REALESTATE	
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE: WW 2	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED	18a. NAME OF PRESENT SPOUSE: ETHEL SEUFERT	18b. PRESENT OR LAST OCCUPATION OF SPOUSE: HOME MAKER	
19a. PLACE OF DEATH—NAME OF HOSPITAL: Peninsula Hospital		19a. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 1783 El Camino Real ☐ INSIDE CITY CORPORATE LIMITS ☐ OUTSIDE CITY CORPORATE LIMITS		
19c. CITY OR TOWN: Burlingame		19d. COUNTY: San Mateo	19e. LENGTH OF STAY IN COUNTY OF DEATH: 37 YEARS	19f. LENGTH OF STAY IN CALIFORNIA: 37 YEARS
20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 1540 HUDSON ST.	20b. IF INSIDE CITY CORPORATE LIMITS, CHECK HERE: ☒	IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: ☐ ON A FARM ☐ NOT ON A FARM	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE): WIFE	
20c. CITY OR TOWN: REDWOOD CITY	20d. COUNTY: SANMATEO	20e. STATE: CALIF.	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEDENT): SAME	

22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 5/3/1962 TO 11/13/1966 AND THAT I LAST SAW THE DECEASED ALIVE ON 11/12/1966

22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN _____ INVESTIGATION, AUTOPSY, (INQUEST) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.

22c. PHYSICIAN OR CORONER—SIGNATURE: Demetri E. Cary — DEGREE OR TITLE: M.D.

22d. ADDRESS: 1301 Broadway, Millbrae

22e. DATE SIGNED: 11/14/1966

23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: BURIAL	24. DATE: 11-16-66	25. NAME OF CEMETERY OR CREMATORY: GOLDEN GATE NATIONAL	26. EMBALMER—SIGNATURE (IF BODY EMBALMED): James D. Hopkins	LICENSE NUMBER: #5411
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): REDWOOD CHAPEL	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: NOV 16 1966	29. LOCAL REGISTRAR—SIGNATURE: H. J. Chope M.D.		

30. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A): Myocardial Infarction — 4 Days

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B): Arteriosclerotic Cardiovascular disease — several years

DUE TO (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

31. OPERATION—CHECK ONE: ☒ NO OPERATION PERFORMED ☐ OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE: ☐ NO AUTOPSY PERFORMED ☒ AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH
34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34b. DESCRIBE HOW INJURY OCCURRED (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30)
35a. TIME OF INJURY: HOUR, M., MONTH, DAY, YEAR		
35e. INJURY OCCURRED: ☐ WHILE AT WORK ☐ NOT WHILE AT WORK	35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.)	35b. CITY, TOWN, OR LOCATION — COUNTY — STATE

Rev. 1-1-58 Form VS-11

SAN MATEO COUNTY
DEPARTMENT OF PUBLIC HEALTH AND WELFARE
225 - 37TH AVENUE
SAN MATEO, CALIFORNIA

THIS IS TO CERTIFY THAT, IF BEARING THE DEPARTMENT SEAL, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE

DATED: Nov. 17, 1966

H. O. Chope, M.D.
H. O. CHOPE, M. D.
DIRECTOR AND LOCAL REGISTRAR

18572

STATE OF OREGON, County of Klamath } ss

Filed for record at request of Ethel M. Seufert

on this 13 day of December A. D. 19 67

at 4:46 o'clock P M., and duly recorded in Vol. M-67 of Deeds

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Fee 1.50

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DOROTHY ROGERS, County Clerk

By _____ Deputy