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CERTIFICATE OF DEATH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

1. NAME OF DECEASED—FIRST NAME IN FULL

LILLIAN

2. LAST NAME

PHILLIPSON

3. SEX

Female

4. COLOR OR RACE

White

5. BIRTHPLACE

New York

6. DATE OF BIRTH

Oct. 2, 1896

7. AGE LAST BIRTHDAY

74

8. NAME AND BIRTHPLACE OF FATHER

Valentino Langert, Germany

9. NAME AND BIRTHPLACE OF MOTHER

Louise Krayl, Germany

10. SOCIAL SECURITY NUMBER

558-18-4055

11. NAME OF LAST EMPLOYER

Homo Marking

12. STREET ADDRESS—STREET AND NUMBER OR LOCATION

Alameda & Whipple Ave.

13. CITY OR TOWN

Redwood City

14. COUNTY

San Mateo

15. STATE

Calif.

16. DATE SIGNED

11-2-1971

17. NAME AND MAILING ADDRESS OF INFORMANT

Melo Phillipson

18. SIGNATURE OF DECEASED

George Pickett MD

19. SIGNATURE OF WITNESS

George Pickett MD

20. SIGNATURE OF REGISTRAR

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