13543 '76 MAY 7 PM 2 48 Vol. M 76 Page 6842

Ret: Mary Vlahoa
2322 Main
K.F.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

2100 864

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

- 1a. NAME OF DECEASED—FIRST NAME: Gus
- 1b. MIDDLE NAME: George
- 1c. LAST NAME: Vlahos
- 2a. DATE OF DEATH—MONTH, DAY, YEAR: 7-18-69
- 2b. HOUR: 11:20 A
- 3. SEX: Male
- 4. COLOR OR RACE: White
- 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Greece
- 6. DATE OF BIRTH: 1-5-1910
- 7. AGE (LAST BIRTHDAY): 59 YEARS — IF UNDER 1 YEAR / IF UNDER 24 HOURS
- 8. NAME AND BIRTHPLACE OF FATHER: George Vlahos, Greece
- 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Maria Kalivias, Greece
- 10. CITIZEN OF WHAT COUNTRY: U.S.A.
- 11. SOCIAL SECURITY NUMBER: 542-12-5105
- 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
- 13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Mary Koliopoulos
- 14. LAST OCCUPATION: Manager
- 15. NUMBER OF YEARS IN THIS OCCUPATION: 2½
- 16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): Venice Gourmet
- 17. KIND OF INDUSTRY OR BUSINESS: Restaurant

PLACE OF DEATH

- 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY:
- 18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 625 Bridgway St.
- 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 18d. CITY OR TOWN: Sausalito
- 18e. COUNTY: Marin
- 18f. LENGTH OF STAY IN COUNTY OF DEATH: 1 day
- 18g. LENGTH OF STAY IN CALIFORNIA: 2½ YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

- 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 775 Post St. Apt # 610
- 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 19c. CITY OR TOWN: San Francisco
- 19d. COUNTY: San Francisco
- 19e. STATE: California
- 20. NAME AND MAILING ADDRESS OF INFORMANT: Mary Vlahos, 775 Post St. Apt # 610, San Francisco

PHYSICIAN'S OR CORONER'S CERTIFICATION

- 21a. 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 on the remains of deceased as required by law: Investigation (INVESTIGATION OR INQUEST)
- 21b. 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 (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR) AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR)
- 21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: Donogan Coroner ... by Frances ... Deputy
- 21d. DATE SIGNED: July 28, 1969
- 21e. ADDRESS: Court House, San Rafael
- 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER:

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
- 22b. DATE: 7-25-69
- 23. NAME OF CEMETERY OR CREMATORY: Greek Memorial Park, Colma
- 24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Harold ... 2045
- 25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Mission Chapel S. F.
- 26. IF NOT CERTIFIED BY CORONER WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO):
- 27. LOCAL REGISTRAR—SIGNATURE: Carolyn B. Albrecht, M.D. WRK
- 28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: 7-26-69

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

- IMMEDIATE CAUSE (A): Myocardial Infarction
- DUE TO, OR AS A CONSEQUENCE OF (B): Coronary arteriosclerosis with occlusion of left circumflex branch
- DUE TO, OR AS A CONSEQUENCE OF (C): Cardiac hypertrophy

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

- 30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I:
- 31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY TYPE OF OPERATION AND/OR BIOPSY):
- 32a. AUTOPSY (SPECIFY YES OR NO): yes
- 32b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (SPECIFY YES OR NO): yes

INJURY INFORMATION

- 33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
- 34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.):
- 35. INJURY AT WORK (SPECIFY YES OR NO):
- 36a. DATE OF INJURY—MONTH, DAY, YEAR:
- 36b. HOUR:
- 37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN):
- 37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE: MILES
- 38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO):
- 39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO):
- 40. DESCRIBE HOW INJURY OCCURRED

MEDICAL AND HEALTH DATA

CERTIFICATION STATEMENT

This is to certify, that the attached is a true and correct copy of the vital record which is on file in this office and of which I am the legal custodian.

Carolyn B. Albrecht, M.D., County Health Officer

Leona Meysenburg — Deputy Registrar

SIGNATURE OF CERTIFYING OFFICIAL — OFFICIAL TITLE

COUNTY OF MARIN
DEPARTMENT OF PUBLIC HEALTH — 8-14-69

PLACE OF CERTIFICATION — DATE OF CERTIFICATION

920 GRAND AVENUE, SAN RAFAEL, CALIFORNIA

11/1/60

State of Oregon,
County of Klamath } ss,

I hereby certify that the within instrument was received and filed for record on the 7th day of May, 19 76, at 2:48 o'clock P M. and recorded on Page 6842 in Book M 76 Records of DEEDS of said County.

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy

Fee $ 3.00

Dh 304