40063

CERTIFICATE OF DEATH

STATE OF CALIFORNIA · DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

Vol. M77 Page 23689

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED — FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH — MONTH DAY YEAR	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
Jutta	Hildagard	Podszuweit	July 29, 1977	2:50 A
3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY) — IF UNDER 1 YEAR (MONTHS / DAYS) — IF UNDER 24 HOURS (HOURS / MINUTES)
Female	Cauc.	Germany	Jan. 15, 1939	38 YEARS
8. NAME AND BIRTHPLACE OF FATHER			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	
Hans Rietsel - Germany			Hildagard Zehrfeld - Germany	
10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
Germany	Unavailable	Married	Karl Hienz Podszuweit	
14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS	
Housewife	18	Self	Own Home	

PLACE OF DEATH

18a. PLACE OF DEATH — NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY	18b. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Bay Harbor Hospital	1437 W. Lomita	Yes
18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Harbor City	Los Angeles	Unknown YEARS	12 YEARS

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

19a. USUAL RESIDENCE — STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
5371 La Verne Circle	Yes	Karl H. Podszuweit 5371 La Verne Circle Westminster, Ca. 92683
19c. CITY OR TOWN	19d. COUNTY	19e. STATE	
Westminster	Orange	California	

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER — I HEREBY CERTIFY THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE AND FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD OR HAVE WAIVED MY INQUEST AS REQUIRED BY LAW. (SIGNATURE OR INQUEST)	21b. PHYSICIAN — I HEREBY CERTIFY THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED AND THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD OR HAVE WAIVED MY INQUEST AS REQUIRED BY LAW.	21c. PHYSICIAN OR CORONER — SIGNATURE AND DEGREE OR TITLE	21d. DATE SIGNED
	FROM (ENTER MONTH, DAY, YEAR): 8/4/77 — TO: 7/29/77 — AND (HOURS, DAYS): 7/29/77	Carroll M [illegible]	7/29/77
		21e. ADDRESS: 2170 Lomita Blvd Lomita Ca 90717	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: A 46114

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER — SIGNATURE AND EMBALMER LICENSE NUMBER
Burial	Aug.2,1977	Westminster Mem.Park Westminster, Ca.	Jack M. Lyons 3008
25. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR — SIGNATURE	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
Westminster Mem.Pk.Mort Westminster, Calif.	NO	Morrison E. Chamberlin	AUG 1 1977

MEDICAL AND HEALTH DATA

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)	Cranium of Brain	2yrs
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST — DUE TO OR AS A CONSEQUENCE OF (B)		
DUE TO OR AS A CONSEQUENCE OF (C)		

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 OPERATION AND/OR BIOPSY	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
No	No	

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	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. IF NOT IN PLACE OF RESIDENCE, DISTANCE FROM RESIDENCE (ITEM 19)	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)
		MILES		

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

STATE REGISTRAR

A	B	C	D	E	F
					01-8-1-0057

VS 11 (8-73)

Return:- John P. Shook Esq
21515 Hawthorne Blvd., Suite 360
Torrance, California 90503

77 DEC 9 AM 8 12

ck 3.00

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

AUG 9 1977 FEE $2.00

Morrison E. Chamberlin

Morrison E. Chamberlin, Acting Director of Health Services and Registrar

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 December A.D., 19 77 at 9:12 o'clock A M., and duly recorded in Vol M77, of Deeds on Page 23689.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernetha D. Leland Deputy