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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: Helen	1b. MIDDLE NAME: May	1c. LAST NAME: Tegen	2a. DATE OF DEATH—MONTH, DAY, YEAR: September 17, 1973
2b. HOUR: 1:30 A.M.	3. SEX: Female	4. COLOR OR RACE: Cauc.	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
6. DATE OF BIRTH: November 16, 1928	7. AGE (LAST BIRTHDAY): 44 YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
8. NAME AND BIRTHPLACE OF FATHER: Ernest Pine - Missouri	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Rena Romesberg - Missouri		
10. CITIZEN OF WHAT COUNTRY: USA	11. SOCIAL SECURITY NUMBER: 491-30-3602	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Ralph L. Tegen
14. LAST OCCUPATION: Housewife	15. NUMBER OF YEARS IN THIS OCCUPATION: 15	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): Self-Employed	17. KIND OF INDUSTRY OR BUSINESS: At Home

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Valley Convalescent Hospital	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 1680 N. Waterman Ave.	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes	
18d. CITY OR TOWN: San Bernardino	18e. COUNTY: San Bernardino	18f. LENGTH OF STAY IN COUNTY OF DEATH: 26 YEARS	18g. LENGTH OF STAY IN CALIFORNIA: 26 YEARS

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

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 280 East 41st Street	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes	20. NAME AND MAILING ADDRESS OF INFORMANT: Mr. Ralph L. Tegen 280 East 41st Street San Bernardino, Calif. 92401	
19c. CITY OR TOWN: San Bernardino	19d. COUNTY: San Bernardino	19e. STATE: California	

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 OR INQUEST)

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE, AND THAT I ATTENDED THE DECEASED FROM THE CAUSES STATED BELOW AND THAT I LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR) FROM (ENTER MONTH, DAY, YEAR) TO (ENTER MONTH, DAY, YEAR): 9/6/73 — 9/17/73 — 9/17/73

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: Thomas M. Hellwig MD

21d. DATE SIGNED: 9/17/73

21e. ADDRESS: 1700 W Fifth

21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G22531

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial	22b. DATE: 9-20-73	23. NAME OF CEMETERY OR CREMATORY: Montecito Memorial Park	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Thomas A. Wellin 6031
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): F. Arthur Cortner Chapel	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No	27. LOCAL REGISTRAR—SIGNATURE: J.N. Rosenberg M.D. Reg.	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: 9/20/73

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)	Cardiac arrest - Respiratory arrest	5 min
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: Status post abdominal hysterectomy - hypothyroidism

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY): Yes	32a. AUTOPSY (SPECIFY YES OR NO): No	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO):	

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.):	35. INJURY AT WORK (SPECIFY YES OR NO):	36a. DATE OF INJURY—MONTH, DAY, YEAR:
36b. HOUR: M	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN):	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19: 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):			

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 11th day of October A.D., 1979 at 1:46 o'clock P M., and duly recorded in Vol M79, of Deeds on Page 24033.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha A. Petrich Deputy

RALPH TEGEA
P.O. Box 2645
La Jolla, Calif 92038

I hereby certify that this is a true and correct
copy of Death
certificate on file in this office.
Stephen N. Rosenberg, M. D., Local Registrar
San Bernardino County
Assistant Registrar