

18290

CERTIFICATE OF DEATH STATE OF CALIFORNIA

Vol. M82 page 17610

DECEDENT
PERSONAL
DATAUSUAL
RESIDENCEPLACE
OF
DEATHCAUSE
OF
DEATHPHYSI-
CIAN'S
CERTIFICA-
TIONINJURY
INFORMA-
TION
CORONER'S
USE
ONLYSTATE
REGISTRAR

VS-11 (10-70)

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST

GERTRUDE

3. SEX

Female

4. RACE

White

8. BIRTHPLACE OF DECEDENT (STATE OR

Pennsylvania

11. CITIZEN OF WHAT COUNTRY

United States

15. PRIMARY OCCUPATION

Accountant

1B. MIDDLE

H.

5. ETHNICITY

9. NAME AND BIRTHPLACE OF FATHER

William B. Hubert,

12. SOCIAL SECURITY NUMBER

568-20-4019

16. NUMBER OF YEARS

30

17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)

Self-Employed

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)

9300 Cayuga Avenue

19D. COUNTY

Los Angeles

21A. PLACE OF DEATH

St. Joseph Medical Center

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)

501 South Buena Vista

22. DEATH WAS CAUSED BY:

(A) *Cerebrovascular Accident*(B) *Arteriosclerosis*

(C)

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

Diabetes Mellitus, Hypertension

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

1 ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)

10/10/82

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

Richard Kroop M.D.

28C. DATE SIGNED

5/3/82

28D. PHYSICIAN'S LICENSE NUMBER

67331

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

Richard Kroop, M.D., 848 Hollywood Way, Burbank, CA

29. SPECIFY ACCIDENT, SUICIDE, ETC.

30. PLACE OF INJURY

33. LOCATION (STREET AND NUMBER OF LOCATION AND CITY OR TOWN)

Forest Lawn Memorial Park

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HEED AN (INQUEST- INVESTIGATION)

36. DISPOSITION

Burial

37. DATE—MONTH, DAY, YEAR

5-4-1982

38. NAME AND ADDRESS OF CEMETERY OR CREMATORIUM

Forest Lawn Memorial Park

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE

#6397 *John Freear*

40. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH)

Forest Lawn Hollywood Hills Mt

41. LOCAL REGISTRAR—SIGNATURE

Frank T. Hennessey

42. DATE ACCEPTED BY LOCAL REGISTRAR

MAY 3 1982

43. LOCAL REGISTRAR—SIGNATURE

Frank T. Hennessey

44. LOCAL REGISTRAR—SIGNATURE

45. LOCAL REGISTRAR—SIGNATURE

46. LOCAL REGISTRAR—SIGNATURE

47. LOCAL REGISTRAR—SIGNATURE

48. LOCAL REGISTRAR—SIGNATURE

49. LOCAL REGISTRAR—SIGNATURE

50. LOCAL REGISTRAR—SIGNATURE

51. LOCAL REGISTRAR—SIGNATURE

52. LOCAL REGISTRAR—SIGNATURE

53. LOCAL REGISTRAR—SIGNATURE

54. LOCAL REGISTRAR—SIGNATURE

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

2A. DATE OF DEATH (MONTH, DAY, YEAR)

May 1, 1982

7. AGE

73 YEARS

IF UNDER 1 YEAR

MONTHS

IF UNDER 24 HOURS

HOURS

2B. HOUR

1800

10. BIRTH NAME AND BIRTHPLACE OF MOTHER

Agnes V. MacNeil Canada

14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)

18. KIND OF INDUSTRY OR BUSINESS

Accounting

19C. CITY OR TOWN

Sun Valley

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

Mrs. Helen J. Moore, executrix

9512 Sandusky Avenue

Arleta, California 91332

24. WAS DEATH REPORTED TO CORONER?

NO

25. WAS BIOPSY PERFORMED?

NO

26. WAS AUTOPSY PERFORMED?

NO

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?

DATE

No

28C. DATE SIGNED

5/3/82

28D. PHYSICIAN'S LICENSE NUMBER

67331

31. RESULT OF TEST

32A. DATE OF INJURY—MONTH, DAY, YEAR

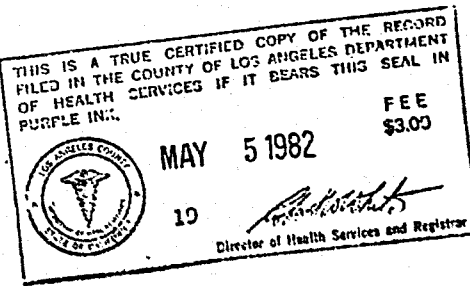
32B. HOUR

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35B. CORONER—SIGNATURE AND DEGREE OR TITLE

35C. DATE SIGNED

FRANK T. HENNESSEY
ATTORNEY AT LAW
11120 MCCORMICK STREET
NORTH HOLLYWOOD, CALIFORNIA 91601



MAY 5 1982

10

Director of Health Services and Registrar

FEE
\$3.00

STATE OF OREGON; COUNTY OF KLAMATH; ss.
I hereby certify that the within instrument was received and filed for record on the

13 day of Dec. A.D., 1982 at 1:44 o'clock A.M., and duly recorded in

Vol M82, of Deeds on page 17610.

Fee \$ 4.00

EVELYN DIEHN
COUNTY CLERK

By *Joyce M. Thurman* deputy