35596

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M84 Page - 6244

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
Inge		Volkmann

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
March 8, 1984	2025

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Female	White	NO	January 12, 1921

7. AGE	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
63 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
Germany	Fritz Meissner, Germany	Ella Reichardt, Germany

11. CITIZEN OF WHAT COUNTRY	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
Germany	552-58-7084	Married	Gerd Volkmann

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Secretary	Adult Life	Mission Hospital	Medicine

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
5537 Cecelia St.		Bell Gardens

19D. COUNTY	19E. STATE
Los Angeles	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Downey Community Hospital	Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
11500 S. Brookshire Ave.	Downey

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Ilona Volkmann (Daughter)
5537 Cecelia St.
Bell Gardens, Ca. 90201

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
(A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO, OR AS A CONSEQUENCE OF
(B)
DUE TO, OR AS A CONSEQUENCE OF
(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? 84-3188
25. WAS BIOPSY PERFORMED? NO
26. WAS AUTOPSY PERFORMED? NO

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO
TYPE OF OPERATION
DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.)
I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR

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

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

CORONER'S USE ONLY 6

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

35B. CORONER—SIGNATURE AND DEGREE OR TITLE: J. Barley Deputy Coroner

35C. DATE SIGNED: 3-9-84

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	3/12/84	Cremar Crematory, Anaheim, Ca.	Not embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Ray Family Mortuary	1165	[signature]	MAR 12 1984

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (6-82)

427.2

01-9-3-024

'84 APR 16 AM 11 41

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.

LOS ANGELES COUNTY — STATE OF CALIFORNIA

MAR 27 1984

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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 16th day of April A.D., 1984 at 11:41 o'clock A M, and duly recorded in Vol M84 of Deeds on page 6244.

Fee: $4.00

EVELYN BIEHN, COUNTY CLERK

by: [signature], Deputy

Returned to
ANN RUTH GRANT
ATTORNEY AT LAW
12139 PARAMOUNT BOULEVARD
DOWNEY, CALIFORNIA 90242