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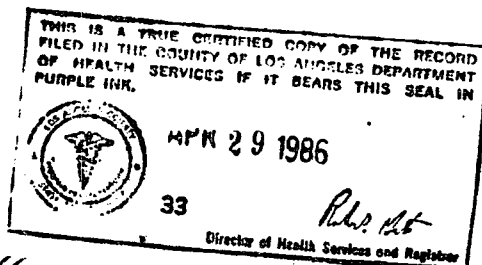
CERTIFICATE OF DEATH

STATE OF CALIFORNIA A-86092

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STATE FILE NUMBER		1A. NAME OF DECEDENT - FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		Joseph		H.		Steinmetz		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE	
male		white		NO		March 7, 1913		73	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE BY TYPE, ENTER BIRTH NAME	
Kansas		Frank Steinmetz		510 05 1767		Married		Ellen Murphy	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		17. EMPLOYER OR SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS		19C. CITY OR TOWN	
USA		19 TO 19		Self		Barber Shop		Los Angeles	
15. PRIMARY OCCUPATION		10. NUMBER OF YEARS THIS OCCUPATION		19B. STATE		20. NAME AND ADDRESS OF INFORMANT - RELATIONSHIP		21. CITY OR TOWN	
Proprietor		adult/life		California		Ellen C. Steinmetz (spouse)		Los Angeles	
19A. USUAL RESIDENCE - STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT - RELATIONSHIP		21. CITY OR TOWN	
4507 Finley Ave.		#7		California		Ellen C. Steinmetz (spouse)		Los Angeles	
19F. PLACE OF DEATH		21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
Los Angeles		Hollywood Presbyterian Hosp.		Los Angeles		1300 North Vermont Ave.		Los Angeles	
12. DEATH WAIT CAUSED BY: IMMEDIATE CAUSE		(A) DUE TO, OR AS A CONSEQUENCE OF		24 hrs		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
Acute respiratory failure		(B) Acute Bronchitis		36 hrs		25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?	
(C) EMPHYSEMA		30 yrs		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED	
23. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		28. PHYSICIAN - SIGNATURE AND DEGREE OR TITLE		29. TYPE PHYSICIAN'S NAME AND ADDRESS		30. DATE SIGNED		31. PHYSICIAN'S LICENSE NUMBER	
		Mark W. Davenport MD		Mark W. Davenport, 1300 N. Vermont, Los Angeles		4/25/86		G 31689	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES		28B. PHYSICIAN - SIGNATURE AND DEGREE OR TITLE		29. TYPE PHYSICIAN'S NAME AND ADDRESS		30. DATE SIGNED		31. PHYSICIAN'S LICENSE NUMBER	
12/21/85		Mark W. Davenport MD		Mark W. Davenport, 1300 N. Vermont, Los Angeles		4/25/86		G 31689	
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)		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		35C. DATE SIGNED	
1300 North Vermont Ave.						Robert S. Moore MD		APR 29 1986	
36. DISPOSITION		37. DATE - MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40. DATE ACCEPTED BY LOCAL REGISTRAR	
Burial		4/29/86		Holy Cross-5835 W. Slauson, Culver City		3927		APR 29 1986	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR - SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. STATE REGISTRAR - SIGNATURE	
Woods Glendale Mortuary, Inc.		407		Robert S. Moore MD		APR 29 1986			

Please return to:
 Frank R. Davis
 10882 Willowcreek Pl.
 North Hollywood, CA 91604



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
 of August _____ A.D., 19 86 at 2:46 o'clock P. M., and duly recorded in Vol. _____
 of _____ Deeds on Page 15543

FEE \$5.00

Evelyn Biehn, County Clerk

By