65348

STATE FILE NUMBER

CERTIFICATE OF DEATH

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LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Joseph | 1B. MIDDLE: H. | 1C. LAST: Steinmetz | 2A. DATE OF DEATH (MONTH, DAY, YEAR): April 25, 1986 | 2B. HOUR: 1130

3. SEX: male | 4. RACE/ETHNICITY: white | 5. SPANISH/HISPANIC: NO [X] | 6. DATE OF BIRTH: March 7, 1913 | 7. AGE: 73 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Kansas | 9. NAME AND BIRTHPLACE OF FATHER: Frank Steinmetz, Austria | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Emma (Luck), Germany

11A. CITIZEN OF WHAT COUNTRY: USA | 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19__ TO 19__ | 12. SOCIAL SECURITY NUMBER: 510 05 1767 | 13. MARITAL STATUS: Married | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Ellen Murphy

15. PRIMARY OCCUPATION: Proprietor | 16. NUMBER OF YEARS THIS OCCUPATION: adult/life | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Self | 18. KIND OF INDUSTRY OR BUSINESS: Barber Shop

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4507 Finley Ave. #7 | 19B. | 19C. CITY OR TOWN: Los Angeles 90027

19D. COUNTY: Los Angeles | 19E. STATE: California

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Ellen C. Steinmetz (spouse), 4507 Finley Ave. #7, Los Angeles, California 90027

PLACE OF DEATH

21A. PLACE OF DEATH: Hollywood Presbyterian Hosp. | 21B. COUNTY: Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1300 North Vermont Ave. | 21D. CITY OR TOWN: Los Angeles

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

	Cause	Approximate interval between onset and death
IMMEDIATE CAUSE (A)	Acute respiratory failure	24 hrs
DUE TO, OR AS A CONSEQUENCE OF (B)	Acute Bronchitis	36 hrs
DUE TO, OR AS A CONSEQUENCE OF (C)	Emphysema	30 yrs

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

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? TYPE OF OPERATION: none | DATE

PHYSICIAN'S CERTIFICATION

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

ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 12/21/85 | LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 4/13/86

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Mark W. Davenport MD | 28C. DATE SIGNED: 4/25/86 | 28D. PHYSICIAN'S LICENSE NUMBER: G 31689

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Mark W. Davenport, 1300 N. Vermont, Los Angeles

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

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

36. DISPOSITION: Burial | 37. DATE—MONTH, DAY, YEAR: 4/29/86 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Holy Cross-5835 W.Slauson, Culver City

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Woods Glendale Mortuary, Inc. | 40B. LICENSE NO.: 407 | 41. LOCAL REGISTRAR—SIGNATURE: Robert S. Gates MD | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 3927

42. DATE ACCEPTED BY LOCAL REGISTRAR: APR 29 1986

STATE REGISTRAR: A. B. C. D. E. F.

VS-11 (1-85)

01-9-1-038

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.

APR 29 1986

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Director of Health Services and Registrar

Please return to:
Frank R. Davis
10882 Willowcrest 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. M86 of Deeds on Page 15548 the 28th day

Evelyn Biehn, County Clerk
By [signature]

FEE $5.00