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9937

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER	1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY. YR	2B. HOUR	3. SEX	
	FRANK	B.	ROMIG	August 28, 1989	1655	M	
4. RACE	5. SPANISH/HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY. YR	7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS	DAYS	IF UNDER 24 HOURS HOURS	MINUTES
Caucasian	☐ YES ☒ NO		January 21, 1924	65				
8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER			11B. STATE OF BIRTH	
OR	U.S.A.	Frank Vernon Romig	UNA	Ava V. Shields			OR	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)				
19 43 TO 19 45 ☐ NONE		544-18-2304	Married	Winifred J. Westfal				
16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED				
Foreman	Steel Manufacturing	Kaiser Steel	30	16				
18A. RESIDENCE—STREET AND NUMBER OR LOCATION			18B. CITY	18C. ZIP CODE				
12785 Lantana Street			Yucaipa	92399				
18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT					
San Bernardino	30	California	Winifred Romig - Wife 12785 Lantana Street Yucaipa, California 92399					
19A. PLACE OF DEATH	19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY						
At Home		San Bernardino						
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER					
12785 Lantana Street	Yucaipa		☒ YES 89-4081 FL ☐ NO					
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		1 YR.	23. WAS BIOPSY PERFORMED? ☒ YES ☐ NO					
IMMEDIATE CAUSE (A) MULTIPLE MYELOMA			24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO					
DUE TO (B)			24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO					
DUE TO (C)								
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21			26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.					
HYPERTENSION			NO					
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED. FROM THE CAUSES STATED.	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED					
	John Muellner M.D.	G 24700	8-29-89					
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS						
8-21-89	8-22-89	JOHN MUELLNER M.D. 9961 SIERRA FONTANA CA. 92335						
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	28B. DATE SIGNED						
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR				
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY. YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER				
BU	Desert Lawn Cemetery, 11251 Desert Lawn Dr., Calimesa, CA	Aug. 31, 1989	Denise A. Wellman	7512				
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE					
Emmerson-Bartlett Yucaipa	822	George R. Pettersen, M.D.	Aug. 31, 1989					
A.	B.	C.	D.	E.	F.	CENSUS TRACT		
AS1F-96						0870 2030		

STATE REGISTRAR

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

11 (REV. 3-89)

CERTIFIED COPY OF VITAL RECORDS

082532

DATE ISSUED SEP 06 1989

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } ss

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

George R. Pettersen M.D.
GEORGE R. PETTERSEN, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Winifred J. Romig the 9th day of Jan. A.D., 19 90 at 11:25 o'clock A.M., and duly recorded in Vol. M90 of Deeds on Page 478.

Evelyn Biehn, County Clerk
By Pauline Muldoon

FEE $8.00
Return: Winifred Romig
12785 Lantana St., Yucaipa, Ca. 92399