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CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. SEX
Emanuel	Alexander	Moreau Jr.	M

3. RACE	4. SPANISH/HISPANIC	5. DATE OF BIRTH—MONTH, DAY, YEAR	6. AGE IN YEARS	UNDER 1 YEAR: MONTHS	UNDER 1 YEAR: DAYS	UNDER 24 HOURS: HOURS	UNDER 24 HOURS: MINUTES
Cauc	☐ YES ☐ NO SPECIFY XX	Mar 5, 1913	75				

7A. DATE OF DEATH—MONTH, DAY, YEAR	7B. HOUR	8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY
Feb 3, 1989	0424	IL	USA

10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
Emaneul A. Moreau, Sr.	France	Nancy Hayes	IL

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 44 TO 19 46 ☐ NONE	320-38-4130	Divorced	-----

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN USUAL OCCUPATION	17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+)
Letter Carrier	Civil Service	U.S. Post Office	36	12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
248 Opal Canyon Road	Duarte	91010

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY
Los Angeles	21	CA

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
VA Medical Center	IP	Los Angeles

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY
5901 East 7th Street	Long Beach

20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Doris E. Montgomery sister
248 Opal Canyon Rd.
Duarte, Ca. 91010

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C—TYPE OR PRINT)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Carcinoma of bladder	13 Months
DUE TO (B)	None	
DUE TO (C)	None	

22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO — REFERRAL NUMBER
23. WAS AUTOPSY PERFORMED? ☒ YES ☐ NO
24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO
24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☐ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: None

PHYSICIAN'S CERTIFICATION

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

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR	TYPE
No	

27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN	27C. PHYSICIAN'S LICENSE NUMBER	27D. DATE SIGNED
Jan 31, 1989	Feb 3, 1989	William G Harris MD	A-04 4493	2/3/89

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: William G. Harris, MD
VA Medical Center, 5901 E. 7th St., Long Beach, CA 90822

CORONER'S USE ONLY

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

28A. SIGNATURE 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)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION	34B. PLACE OF FINAL DISPOSITION	34C. DATE OF DISPOSITION MONTH, DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
Burial	All Souls Cemetery 4400 Cherry Ave. Long Beach	Feb 8 1989	Heather Cullimore	7734

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Forest Lawn Sunnyside Mty LB	F1151	[illegible] M.D. SB	FEB 07 1989

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

After Recording Return to:
Robert D. Boivin
BOIVIN, JONES & UERLINGS
110 North 6th Street
Klamath Falls, OR 97601

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE CITY OF LONG BEACH DEPARTMENT OF PUBLIC HEALTH IF IT BEARS THIS STAMP IN PURPLE INK.
FEB 07 1989
INITIAL Health Officer and/or

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert D. Boivin
of Nov. A.D., 19 91 at 2:44 o'clock P M., and duly recorded in Vol. M91 of Deeds on Page 24824.

FEE $8.00

Evelyn Biehn, County Clerk
By Pauline Mulendore