

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

H 621 42-079509

18382

1. FULL NAME **ROSA HIRSCHBERG** DISTRICT NO. **1901** REGISTRAR'S NO. **3494**

2. PLACE OF DEATH: (A) COUNTY **Los Angeles** (B) CITY OR TOWN **Los Angeles** (C) NAME OF HOSPITAL OR INSTITUTION **913 South Mansfield** (D) LENGTH OF STAY: **9 yrs** IN HOSPITAL OR INSTITUTION **9 yrs** IN THIS COMMUNITY (E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. **69** YEARS

3. USUAL RESIDENCE OF DECEASED: (A) STATE **California** (B) COUNTY **Los Angeles** (C) CITY OR TOWN **Los Angeles** (D) STREET NO. **913 South Mansfield**

20. DATE OF DEATH: MONTH **December** DAY **28** YEAR **1942** HOUR **11** MINUTE **40 PM**

3. (E) IF VETERAN, NAME OF WAR **NO** 3. (F) SOCIAL SECURITY NO. **none**

4. SEX **Female** 5. COLOR OR RACE **Cauc** 6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED **Widow**

21. MEDICAL CERTIFICATE: I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM **12/15** TO **12/28** 19**42** THAT I LAST SAW HIM ALIVE ON **12/28** 19**42** AND THAT DEATH OCCURRED ON THE DATE STATED ABOVE.

22. CORONER'S CERTIFICATE: I HEREBY CERTIFY, THAT I HELD AN AUTOPSY, INQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE.

7. BIRTHDATE OF DECEASED: **July 9, 1865**

8. AGE: **77** YRS **5** MO **19** DAYS

9. BIRTHPLACE **Bistra, Austria Hungary**

10. USUAL OCCUPATION **Housewife**

11. INDUSTRY OR BUSINESS **Home**

12. NAME **Jacob Klein**

13. BIRTHPLACE **Unknown Austria Hungary**

14. MAIDEN NAME **Unknown Klein**

15. BIRTHPLACE **Unknown Austria Hungary**

16. (A) INFORMANT **Sarah Krasna** (B) ADDRESS **All Burnside**

17. (A) **Removal-Burial** (B) DATE **12/30/42**

18. (A) PLACE **Forest Hill Cem, Omaha, Nebraska** (B) DATE OF BURIAL **12/30/42**

19. (A) DATE FILED **DEC 30 1942** (B) REGISTRAR'S SIGNATURE **John W. W. W.**

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, ALL IN THE FOLLOWING: (A) ACCIDENT, SUICIDE, OR HOMICIDE? (B) DATE OF INJURY (C) WHERE DID INJURY OCCUR? (D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? (E) MEANS OF INJURY

24. CORONER'S OR PHYSICIAN'S SIGNATURE **Edward...** ADDRESS **152 N. Taylor** DATE **12/25/42**

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

05 APR 27 AM 9:16



Michael L. Rodrian, STATE REGISTRAR OF VITAL RECORDS

DATE ISSUED

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

