

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

PLACE OF DEATH, Dist. No. 1901

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS

31-014728

Local Registered No. 3865

County of Los Angeles City or Town of Los Angeles or Rural Registration District

STANDARD CERTIFICATE OF DEATH

(No. 339 S. Detroit St.)

Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME: male Klein

PERSONAL AND STATISTICAL PARTICULARS

SEX: male COLOR OR RACE: cauc SINGLE, MARRIED, WIDOWED OR DIVORCED: married

If married, widowed, or divorced, name of HUSBAND or WIFE of: Alice Klein

DATE OF BIRTH: April 1st 1874

AGE: 57 years 11 months 30 days

OCCUPATION: (a) Trade, profession, or particular kind of work: Retired (b) General nature of industry, business, or establishment in which employed (or employer): (c) Name of employer:

BIRTHPLACE: Cleveland Ohio

NAME OF FATHER: Jack Klein

BIRTHPLACE OF FATHER: Hungary

MAIDEN NAME OF MOTHER: Bertha

BIRTHPLACE OF MOTHER: Hungary

LENGTH OF RESIDENCE: At Place of Death: 2 years 10 months days

In California: 2 years 10 months days

How long in U.S. of foreign birth: 2 years 10 months days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant: Alice Klein)

APR - 1 1931 REGISTRAR: George Carnish M.D.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 31 1931

I HEREBY CERTIFY, That I attended deceased from that I last saw him alive on Dec 20 1931 and that death occurred on the date stated above at 6:15 a.m. The CAUSE OF DEATH was as follows: Ch. myocardiitis

(Duration) 3 years months days

Contributory: Ch. nephritis (Duration) 4 years months days

Where was disease contracted: if not at place of death: Not known

Did an operation precede death? no Date of: Was there an autopsy? no

What test confirmed diagnosis? Clin + Lab.

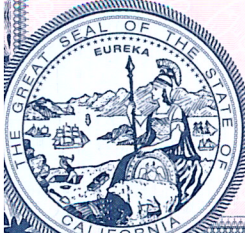
(Signed) James M. Chief M.D. 3/24/31 (Address) 1709 W 8th

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL.

PLACE OF BURIAL OR REMOVAL: Hollywood Bury DATE OF BURIAL: 4-1-31

Funeral Home: GLASBAND-GROMAN CO., LTD. ADDRESS: Los Angeles

Funeral Home License No. 1548

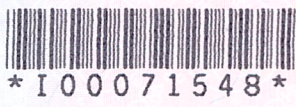


This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

Michael L. Rodrian STATE REGISTRAR OF VITAL RECORDS

05 APR 27 AM 9:16

DATE ISSUED



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