

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

STATE OF CALIFORNIA 8801 DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS STANDARD CERTIFICATE OF DEATH 47-70

1. PLACE OF DEATH: DIST. NO. CITY AND COUNTY OF SAN FRANCISCO LOCAL REGISTERED NO. 3261

33-029344 739-14th Avenue

2. FULL NAME JOSEPH LERER RESIDENCE: NO. 739-14th Avenue ST. 3 IF NON RESIDENT, GIVE CITY OR TOWN, AND STATE

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? (WRITE THE WORD) Married

22. DATE OF DEATH May 9th 1933

23. MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM June 1930 TO May 9th 1933 THAT I LAST SAW HIM ALIVE ON May 9th 1933 AT 1.10 P. M. THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS: Acute pulmonary Edema. Anterior sclerotic heart disease

24. CORONER'S CERTIFICATE OF DEATH I HEREBY CERTIFY, THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN INQUEST, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS DEATH ON THE DATE STATED ABOVE. DATE OF ONSET 5-8-33

6. DATE OF BIRTH October 28, 1871

7. AGE 61 YR 6 MO 11 DAYS

8. TRADE, PROFESSION OR KIND OF WORK DONE Wholesale Merchant

9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILKMILL, SAWMILL, BANK, ETC. Junk

10. DATE DECEASED LAST WORKED AT 1929 TOTAL YEARS SPENT IN THIS OCCUPATION 33

12. BIRTHPLACE (CITY OR TOWN) Aistud STATE OR COUNTRY Austria

13. NAME Shy Wolf Lerer

14. BIRTHPLACE (CITY OR TOWN) unknown STATE OR COUNTRY Austria

15. MAIDEN NAME Fannie Steir

16. BIRTHPLACE (CITY OR TOWN) unknown STATE OR COUNTRY Austria

18. INFORMANT SIGNATURE Charles W. Lerer ADDRESS 739-14 Ave

19. BURIAL, CREMATION OR REMOVAL? Burial PLACE SALEM CEMETERY DATE 5/10/33

20. EMBALMER (LICENSE NO.) 811 FUNERAL DIRECTOR P.O. Waul Becken Funeral Agency ADDRESS 1115 Buchanan Street Bk 2nd

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING: ACCIDENT, SUICIDE OR HOMICIDE? DATE OF INJURY

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY no

27. SIGNATURE P. O. Waul M. D. ADDRESS 2000 Waul Ness Ave. S. F. Calif

21. FILED MAY 10 1933 DATE LOCAL REGISTRAR

28. WHEN REQUIRED BY LAW CORONER COUNTY OF

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



* I 00071547 *

Michael L. Rodrian
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.

