

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

REGISTRATION DISTRICT NO. 1054

REGISTRAR'S NUMBER 664196

CERTIFICATE OF DEATH

STATE FILE NO. 51-052423

1a. NAME OF DECEASED - FIRST NAME <b>MEYER</b>			1b. MIDDLE NAME <b>JOSEPH</b>			1c. LAST NAME <b>LERER</b>			2a. DATE OF DEATH - MONTH, DAY, YEAR <b>July 16, 1951</b>			2b. HOUR <b>10:30 A</b>			
3. SEX <b>male</b>		4. COLOR OR RACE <b>white</b>		5. MARRIED, NEVER MARRIED, WIDOWED <b>Widowed</b>		6. DATE OF BIRTH <b>March 9, 1865</b>			7. AGE (LAST BIRTHDAY) <b>86</b>		IF UNDER 1 YEAR MONTHS: _____ DAYS: _____		IF UNDER 24 HOURS HOURS: _____ MINUTES: _____		
8a. USUAL OCCUPATION (SEE LIST OF OCCUPATIONS ON REVERSE SIDE OF THIS FORM) <b>Auto Parts</b>			8b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>			9. BIRTHPLACE (COUNTRY) <b>Austria</b>			10. CITIZEN OF WHAT COUNTRY? <b>United States</b>						
11. NAME OF FATHER <b>Shy Wolf Lerer, Austria</b>						12. MAIDEN NAME OF MOTHER <b>Fanny Steir, Austria</b>						13. NAME OF SPOUSE (IF MARRIED) <b>- - Nettie Lerer</b>			
14. WAS DECEASED EVER IN U. S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN <b>NO</b>						15. SOCIAL SECURITY NUMBER <b>none</b>						18. INFORMANT <b>Mrs. Lillian Meyerman</b>			
17a. PLACE OF DEATH - CITY OR TOWN IN STATE OR PART OF WHICH STATE <b>rural Fresno</b>						17b. LENGTH OF STAY (IN THIS PLACE) <b>1 1/2 yrs.</b>						17c. COUNTY <b>Fresno</b>			
17d. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION - (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>245 W. Alamos Fresno</b>															
18a. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>Webster St.</b>				18b. CITY OR TOWN (IF PART OF STATE, GIVE COUNTY) <b>Petaluma</b>				18c. COUNTY <b>Sonoma</b>				18d. STATE <b>Calif.</b>			
19-I. THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH <b>Antecedent Causes</b>						19-IA. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Metastatic Carcinoma</b>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>10 mo</b>			
19-II. THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH <b>17d</b>						19-IB. DUE TO <b>carcinoma of the prostate</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>			
19-IC. DUE TO <b>THE UNDERLYING CAUSE LAST.</b>						19-II. OTHER SIGNIFICANT CONDITIONS						DEATH			
20a. DATE OF OPERATION				20b. MAJOR FINDINGS OF OPERATION								21. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
22a. ACCIDENT (SPECIFY), SUICIDE, HOMICIDE				22b. PLACE OF INJURY (SEE LIST OF PLACES ON REVERSE SIDE OF THIS FORM) <b>factory, street, office, building</b>				22c. LOCATION CITY OR TOWN COUNTY STATE							
22d. TIME OF INJURY MONTH: _____ DAY: _____ YEAR: _____ HOUR: _____				22e. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK				22f. HOW DID INJURY OCCUR?							
23a. CORONER: I HEREBY CERTIFY THAT I HAVE HELD AN ANATOMY, INQUIRY, OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE.						23b. PHYSICIAN: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8-27-51 TO 8-9-51 THAT I LAST SAW THE DECEASED ALIVE ON 8-9-51 AND THAT DEATH OCCURRED FROM THE CAUSE AND AT THE HOUR AND DATE STATED ABOVE.						23c. DATE SIGNED <b>7-16-51</b>			
23c. SIGNATURE <b>Ernest M. Berg M.D.</b>				23d. ADDRESS <b>1111 Fulton St</b>				23e. DATE SIGNED <b>7-16-51</b>							
24a. FUNERAL CREATION		24b. DATE <b>7/16/51</b>		24c. CEMETERY OR CREMATORY <b>San Francisco Calif. Salem Memorial Park</b>				25. SIGNATURE OF EMBALMER <b>Not Embalmed</b>				LICENSE NUMBER			
27. DATE RECEIVED BY LOCAL REGISTRAR <b>7/16/51</b>				28. SIGNATURE OF LOCAL REGISTRAR <b>J. N. Lisle</b>				29. SIGNATURE OF FUNERAL DIRECTOR <b>J. N. Lisle</b>				ADDRESS <b>Fresno</b>			

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

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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.

