

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

L-660 ✓

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS

1. PLACE OF DEATH: DIST. No. 3801
CITY AND COUNTY OF SAN FRANCISCO STANDARD CERTIFICATE OF DEATH 50 L 29

2. FULL NAME SIMON LERER
RESIDENCE: No. 418 Funston Ave. STREET AND NO. 418 FUNSTON AVENUE
IF DEATH OCCURRED IN A HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NO.
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) Widowed

6. DATE OF BIRTH Sept. 14 1865
MONTH DAY YEAR

7. AGE 74 YRS 3 MO 19 DAYS Retired Merchant Metal Business
IF LESS THAN ONE DAY HRS MIN

8. TRADE, PROFESSION OR KIND OF WORK DONE AS SPINNER, SAWYER, BOOKKEEPER, ETC. Retired Merchant Metal Business

9. INDUSTRY OR BUSINESS IN WHICH WORK DONE, AS SILK MILL, SAWMILL, BANK, ETC.

10. DATE DECEASED LAST WORKED 1928 TOTAL YEARS SPENT IN THIS OCCUPATION 40

11. BIRTHPLACE (CITY OR TOWN) Unknown
STATE OR COUNTRY Austria

FATHER 13. NAME Chas. N. Lerer
14. BIRTHPLACE (CITY OR TOWN) Unknown
STATE OR COUNTRY Austria

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
STATE OR COUNTRY Austria

LEAVES OF ABSENCE 17. A. CITY, TOWN OR RURAL DISTRICT OF DEATH 47 YRS. NOS. DAYS
B. IN CALIFORNIA 47 YRS. NOS. DAYS
C. IN U.S., IF OF FOREIGN BIRTH 48 YRS. NOS. DAYS

18. INFORMANT (SIGNATURE) David Lerer
ADDRESS 867 - 29th Ave., S.F.

19. BURIAL, CREMATION OR REMOVAL PLACE SALEM CEMETERY WRITE THE WORD Burial DATE 1/4/40

20. ENBALMER (SIGNATURE) Edward Salomon
FUNERAL DIRECTOR (SIGNATURE) Edward Salomon
ADDRESS 516 Sutter St.

21. FILED JAN 3 - 1940 DATE

22. DATE OF DEATH Jan 2 1940
MONTH DAY YEAR

23. MEDICAL CERTIFICATE OF DEATH
I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM Sept 1939 TO Jan 2 1940
THAT I LAST SAW HIM Jan 2 1940 ALIVE AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 2:30 P.M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS:
Atherosclerosis Myocarditis
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:
Cerebral hemorrhage Rec 18/39

24. CORONER'S CERTIFICATE OF DEATH
I HEREBY CERTIFY THAT I TOOK CHARGE OF THE REMAINS DESCRIBED ABOVE, HELD AN INQUIRY, AUTOPSY OR INQUIRY THEREON, AND FROM SUCH ACTION FIND THAT SAID DECEASED CAME TO HIS DEATH ON THE DATE STATED ABOVE.
DATE OF ONSET 1939
DATE OF DEATH 1939

25. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN THE FOLLOWING:
ACCIDENT, SUICIDE OR HOMICIDE? _____ DATE OF INJURY _____
INJURED AT _____ CITY OR TOWN OF _____ COUNTY AND STATE OF _____
DID INJURY OCCUR IN HOME, INDUSTRY, OR PUBLIC PLACE? _____
MANNER OF INJURY _____
NATURE OF INJURY _____

26. IF DISEASE/INJURY RELATED TO OCCUPATION, SPECIFY _____

27. SIGNATURE Edward Salomon M.D.
PHYSICIAN, ATTESTY SURGEON
ADDRESS 516 Sutter St.

28. WHEN REQUIRED BY LAW _____ CORONER
COUNTY OF _____

LOCAL REGISTRAR

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
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.

