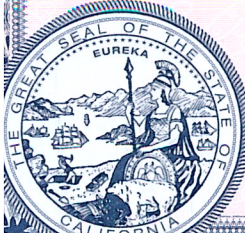


STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES

1. PLACE OF DEATH: DIST. NO. 3001 CITY AND COUNTY OF SAN FRANCISCO STANDARD CERTIFICATE OF DEATH No. 39-0195273-20 1788 Local Registered No. 2. FULL NAME: TILLIE LERER RESIDENCE NO. 418 Funston Avenue 3. SEX: Female 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED?: Married 6. DATE OF BIRTH: Unknown Unknown abt. 1869 7. AGE: 70 yr 8. TRADE, PROFESSION OR KIND OF WORK DONE: Housewife 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE: 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION: 11. TOTAL YEARS SPENT IN THIS OCCUPATION: 12. BIRTHPLACE (CITY OR TOWN): Unknown STATE OR COUNTRY: Austria 13. NAME: Isaac Stecher 14. BIRTHPLACE (CITY OR TOWN): Unknown STATE OR COUNTRY: Austria 15. MAIDEN NAME: Mollie Unknown 16. BIRTHPLACE (CITY OR TOWN): Unknown STATE OR COUNTRY: Austria 17. LENGTH OF RESIDENCE: A. CITY, TOWN OR RURAL DISTRICT OF DEATH: 46 yrs B. IN CALIFORNIA: 46 yrs C. IN U.S. IF OF FOREIGN BIRTH: 51 yrs 18. INFORMANT (SIGNATURE): Maud J. Lerer ADDRESS: 867 29th Ave 19. BURIAL, CREMATION OR REMOVAL: Entombment PLACE: SALEM CEMETERY DATE: 3/7/39 20. EMBALMER: License No. 1941 SIGNATURE: [Signature] FUNERAL DIRECTOR: [Signature] ADDRESS: Divisadero St. at Geary, S. F. Cal. 21. FILED: MAR 7 - 1939 DATE: [Signature] LOCAL REGISTRAR: 22. DATE OF DEATH: March 5 1939 23. MEDICAL CERTIFICATE OF DEATH: I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM July 1937 TO March 5/39 THAT I LAST SAW HIM ALIVE ON March 5/39 AND THAT DEATH OCCURRED ON THE ABOVE STATED DATE AT THE HOUR OF 10:30 AM THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER OF ONSET, WERE AS FOLLOWS: Asthenic myocarditis hypertension Bilateral bronchopneumonia OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Bilateral bronchopneumonia 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: 1936 1938 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 Selman M.D. ADDRESS: 116 Sutter St. 28. WHEN REQUIRED BY LAW: CORNER: COUNTY OF: [Signature]

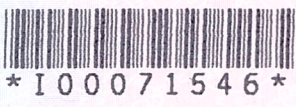
This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.



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.