

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

STATE 54 106410 CERTIFICATE OF DEATH REGISTRATION DISTRICT NO. 3801 REGISTRAR'S NUMBER 8548

1 NAME OF DECEASED—FIRST NAME, MIDDLE NAME, LAST NAME  
 2a. DATE OF DEATH—MONTH, DAY, YEAR 2b. HOUR

1.1 *Bertha* 1.2 *K* 1.3 *Lesser* 2a. *Dec. 1, 1954* 2b. *8:45 P.*

2.1 SEX *Female* 2.2 COLOR OF HAIR *white* 2.3 MARRIAGE STATUS *widowed* 3.1 DATE OF BIRTH *Feb. 27, 1869* 3.2 AGE (LAST BIRTHDAY) *85* YEARS 3.3 IF UNDER 1 YEAR *NEVER* 3.4 IF UNDER 22 MONTHS *NEVER* 3.5 IF UNDER 1 YEAR *NEVER* 3.6 IF UNDER 22 MONTHS *NEVER*

4.1 PLACE OF DEATH *At home* 4.2 KIND OF BUSINESS OR INDUSTRY *At home* 4.3 BIRTHPLACE (COUNTRY) *Hungary* 4.4 CITIZEN OF WHAT COUNTRY *USA*

5.1 NAME AND BIRTHPLACE OF FATHER *Jacob Klein Hungary* 5.2 MAIDEN NAME AND BIRTHPLACE OF MOTHER *no record Hungary* 5.3 NAME OF PRESENT SPOUSE (IF MARRIED)

6.1 WAS DECEASED EVER IN U.S. ARMED FORCES? *no* 6.2 SOCIAL SECURITY NUMBER *none* 6.3 INFORMANT *Moses M. Lesser*

7.1 COUNTY *San Francisco* 7.2 CITY OR TOWN *San Francisco* 7.3 LENGTH OF STAY IN THIS CITY OR TOWN *8 DAYS*

8.1 FULL NAME OF HOSPITAL OR INSTITUTION *University of Calif. Hospital* 8.2 ADDRESS *3rd Ave. & Parnassus, San Francisco, Calif.*

9.1 STATE *California* 9.2 COUNTY *Alameda* 9.3 CITY OR TOWN *Oakland* 9.4 STREET OR RURAL ADDRESS (NO BOX USE "P.O. BOX NUMBER") *326 Ansover Avenue*

10.1 PHYSICIAN'S OR CORONER'S CERTIFICATION  
 10.1a. SIGNATURE *Donald C. White MD* 10.1b. ADDRESS *San Francisco, Calif.* 10.1c. DATE SIGNED *12/2/54*

10.2 SIGNATURE OF EMBALMER (IF NOT EMPLOYED) *Ellen C. Watkins* 10.2b. LICENSE NUMBER *3031*

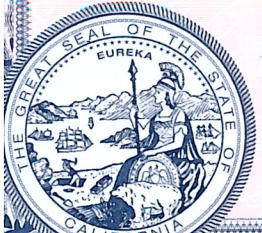
10.3 SIGNATURE OF LOCAL REGISTRAR *Ellen C. Watkins*

11.1 FUNERAL DIRECTOR AND REGISTRAR  
 11.1a. SIGNATURE *Grant Miller* 11.1b. ADDRESS *Oakland, California* 11.1c. DATE RECEIVED BY LOCAL REGISTRAR *DEC 3 1954*

12.1 CAUSE OF DEATH  
 12.1a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *Carcinoma of thyroid, recurrent* 12.1b. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH *1942*

12.2 OTHER SIGNIFICANT CONDITIONS  
 12.2a. DATE OF OPERATION *7-11-52* 12.2b. MAJOR FINDINGS OF OPERATION *Carcinoma of thyroid with substernal extension* 12.2c. AUTOPSY

13.1 DEATH DUE TO EXTERNAL VIOLENCE  
 13.1a. PLACE OF INJURY (STREET, OFFICE, BUILDING) 13.1b. LOCATION (CITY OR TOWN, COUNTY, STATE) 13.1c. TIME OF INJURY (MONTH, DAY, YEAR, HOUR) 13.1d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK 13.1e. HOW DID INJURY OCCUR

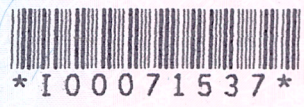


This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

*Michael L. Rodrian*  
 MICHAEL L. RODRIAN  
 STATE REGISTRAR OF VITAL RECORDS

05 APR 27 AM 9: 17

DATE ISSUED



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