

STATE
FILE NO

52-056819

CERTIFICATE OF DEATH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

REGISTRATION
DISTRICT NO

4150

REGISTRAR'S
NUMBER

356

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)	1a NAME OF DECEASED - FIRST NAME	1b MIDDLE NAME	1c LAST NAME	2a DATE OF DEATH - MONTH DAY YEAR	2b HOUR	
	Julio	G.	Bonetti	June 17, 1952	2:15	
	3 SEX	4 COLOR OR RACE	5 MARRIAGE STATUS	6 DATE OF BIRTH	7 AGE - LAST BIRTHDAY	IF UNDER 1 YEAR MONTHS DAYS
	Male	White	Married	July 4, 1911	40 YEARS	IF UNDER 24 HOURS HOURS MIN
	8a USUAL OCCUPATION (USE ICD-9 CODE)	8b KIND OF BUSINESS OR INDUSTRY	9 BIRTHPLACE (CITY OR VILLAGE)	10 CITIZEN OF WHAT COUNTRY		
	Carpenter	Bonetti & Rocca	Italy	U.S.A.		
	11 NAME AND BIRTHPLACE OF FATHER	12 MAIDEN NAME AND BIRTHPLACE OF MOTHER	13 NAME OF PRESENT SPOUSE (IF MARRIED)			
	Paul Bonetti	Italy	Rosa Barile So. America	Elizabeth Bonetti		
	14 WAS DECEASED EVER IN U.S. ARMED FORCES?	15 SOCIAL SECURITY NUMBER	16 INFORMANT			
	Yes		Joseph A. Bonetti			
413 PLACE OF DEATH	17a COUNTY	17b CITY OR TOWN	17c LENGTH OF STAY IN THIS CITY OR TOWN			
	San Mateo	Belmont	5 Years			
17d FULL NAME OF HOSPITAL OR INSTITUTION			17e ADDRESS (DO NOT USE P.O. BOX NUMBER)			
			1533 Harbor Blvd.			
LAST USUAL RESIDENCE (WHERE DECEASED LIVED FOR 12 MONTHS OR LONGER BEFORE DEATH)	18a STATE	18b COUNTY	18c CITY OR TOWN	18d STREET OR RURAL ADDRESS (DO NOT USE P.O. BOX NUMBER)		
	California	San Mateo	Belmont	1533 Harbor Blvd.		
PHYSICIAN'S OR CORONER'S CERTIFICATION	19a CORONER (MUST CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT IT WAS HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW)		19b PHYSICIAN (MUST CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT IT ATTENDED THE DECEASED FROM AND THAT HE LAST SAW THE DECEASED ALIVE ON)		19c DATE SIGNED	
	Autopsy WILLIAM CROSBY Coroner		San Mateo County, California		6/23/52	
FUNERAL DIRECTOR AND REGISTRAR	20a SPECIFY BURIAL CREATION OR REBURNAL	20b DATE	20c CEMETERY OR CREMATORY	21 SIGNATURE OF EMBALMER (IF BODY EMBALMED) - LICENSE NUMBER		
	Burial	6-21-52	Holy Cross, Colma	3925		
22 FUNERAL DIRECTOR		23 DATE RECEIVED BY LOCAL REGISTRAR		24 SIGNATURE OF LOCAL REGISTRAR		
Roller-Hagood & Lorentzen		JUNE 24 1952		St. W. D. Lopez, M.D.		
MEDICAL AND HEALTH DATA	25 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	Multiple sub-total occlusions					
	ANTECEDENT CAUSES					
	Arteriosclerotic heart disease					
26 OTHER SIGNIFICANT CONDITIONS		27a DATE OF OPERATION		27b MAJOR FINDINGS OF OPERATION		
Renal arteriosclerosis.						
28 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		29a DATE OF OPERATION		28 AUTOPSY		
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DEATH DUE TO EXTERNAL VIOLENCE	29a SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		29b PLACE OF INJURY (S.S. PLACE - FARM, FACTORY, STREET, OFFICE BUILDING)		29c LOCATION - CITY OR TOWN	
					COUNTY	
29d TIME OF INJURY		29e INJURY OCCURRED		29f HOW DID INJURY OCCUR?		