

**DECEDENT PERSONAL DATA**

1 NAME OF DECEASED: **Joseph Franklin Demaree**  
 2 DATE OF BIRTH: **Aug 30, 1910** TIME: **11:20 P**  
 3 SEX: **male** 4 COLOR OR RACE: **ORNG** 5 BIRTHPLACE: **California** 6 DATE OF BIRTH: **June 10, 1910** 7 AGE: **48** YEARS  
 8 NAME AND BIRTHPLACE OF FATHER: **Franklin Demaree-Mo.** 9 MOTHER NAME AND BIRTHPLACE OF MOTHER: **Louise Seiferman-Germany** 10 COUNTRY OF BIRTH: **U.S.A.** 11 SOCIAL SECURITY NUMBER: **352-05-0850**  
 12 LAST OCCUPATION: **studio grip** 13 DURATION: **23 yrs** 14 NAME OF LAST EMPLOYER: **United Artists** 15 KIND OF INDUSTRY OR BUSINESS: **motion pictures**  
 16 IF DECEASED WAS EVER IN U.S. ARMY: **no** 17 DURATION OF SERVICE: **married** 18A NAME OF PRESENT SPOUSE: **Maxine K. Demaree** 18b PRESENT OR LAST OCCUPATION OF SPOUSE: **housewife**

**7099 PLACE OF DEATH**

19a PLACE OF DEATH - NAME OF HOSPITAL: **Temple Hospital** 19b CITY OR TOWN: **Los Angeles** 19c COUNTY: **Los Angeles** 19d LENGTH OF STAY IN COUNTY OF DEATH: **26** YEARS 19e LENGTH OF STAY IN CALIFORNIA: **life** YEARS  
 20a LAST USUAL RESIDENCE - STREET ADDRESS: **6143 E. Olympic Blvd.** 20b CITY OR TOWN: **Los Angeles** 20c COUNTY: **Los Angeles** 20d STATE: **California** 21 NAME OF INFORMANT: **W. J. Borro** 22 ADDRESS OF INFORMANT: **935 So Kern Court Los Angeles** 23 DATE: **Sept 2, 1958**

**PHYSICIAN'S OR CORONER'S CERTIFICATION**

22a PHYSICIAN: **W. J. Borro** 22b PHYSICIAN OR CORONER SIGNATURE: **W. J. Borro** 22c ADDRESS: **935 So Kern Court Los Angeles** 22d DATE: **Sept 2, 1958**

**FUNERAL DIRECTOR AND LOCAL REGISTRAR**

24 DATE: **9-4-58** 25 NAME OF CEMETERY OR CREMATORY: **Chapel of the Pines** 26 EMBALMER SIGNATURE: **Wm. R. Guelker** 27 NAME OF FUNERAL DIRECTOR: **Pierce Bros. Hollywood** 28 DATE RECEIVED FOR REGISTRATION: **SEP 8 1958** 29 LOCAL REGISTRAR SIGNATURE: **Wm. R. Guelker**

**CAUSE OF DEATH**

PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): **esophageal hemorrhage**  
 DUE TO: **cirrhosis of liver**  
 DUE TO: **alcoholism (chronic)**  
 PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I: **4 days interval between onset and death**

**MEDICAL AND HEALTH DATA**

31 OPERATION - CHECK ONE:  OPERATION PERFORMED  NO OPERATION PERFORMED 32 DATE OF OPERATION: **9-4-58** 33 AUTHORITY - CHECK ONE:  SURVIVAL  DEATH  
 34a SPECIFY ACCIDENT, SUICIDE OR HOMICIDE: **no** 34b DESCRIBE HOW INJURY OCCURRED: **no**  
 35a TIME OF INJURY: **no** 35b INJURY OCCURRED:  WHILE AT WORK  NOT WHILE AT WORK 35c PLACE OF INJURY: **no** 35d CITY, TOWN OR LOCATION: **no**