

CERTIFICATE OF DEATH

 STATE
FILE NO

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

 REGISTRATION
DISTRICT NO **7053**

 REGISTRAR'S
NUMBER **15618**

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| DECEDENT PERSONAL DATA (TYPE OR PRINT NAME) | 1a. NAME OF DECEASED—FIRST NAME ARTHUR | | 1b. MIDDLE NAME HENRY | | 1c. LAST NAME FROMME | | 2a. DATE OF DEATH—MONTH DAY YEAR August 24, 1956 | | 2b. HOUR 6:10 A. | | |
| | 3. SEX Male | 4. COLOR OR RACE White | 5. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married | | 6. DATE OF BIRTH September 3, 1883 | | 7. AGE (LAST BIRTHDAY) 72 YEARS | | IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES | | |
| | 8a. USUAL OCCUPATION (WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Inspector Engineering Dept. | | 8b. KIND OF BUSINESS OR INDUSTRY City of Los Angeles | | 9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois | | 10. CITIZEN OF WHAT COUNTRY U.S.A. | | | | |
| | 11. NAME AND BIRTHPLACE OF FATHER Christian Fromme—Germany | | | 12. MAIDEN NAME AND BIRTHPLACE OF MOTHER Caroline Ippsen—Germany | | | 13. NAME OF PRESENT SPOUSE (IF MARRIED) Katie M. Fromme | | | | |
| 14. WAS DECEASED EVER IN U. S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN No | | | | IF YES, GIVE WAR OR DATES OF SERVICE | | 15. SOCIAL SECURITY NUMBER unknown | | 16. INFORMANT Katie M. Fromme | | | |
| PLACE OF DEATH | 17a. COUNTY Los Angeles | | 17b. CITY OR TOWN Los Angeles | | <input type="checkbox"/> OUTSIDE CORPO- RATE LIMITS <input checked="" type="checkbox"/> INSIDE CORPO- RATE LIMITS | | 17c. LENGTH OF STAY IN THIS CITY OR TOWN 13 Days | | | | |
| | 17d. FULL NAME OF HOSPITAL OR INSTITUTION Queen Of Angels Hospital | | | | | 17e. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 2301 Bellevue Avenue | | | | | |
| LAST USUAL RESIDENCE (WHERE DECEASED LIVED) (IF INSTITUTION, GIVE ADDRESS BEFORE ADMISSION) | 18a. STATE California | | 18b. COUNTY Los Angeles | | 18c. CITY OR TOWN Alhambra | | <input type="checkbox"/> OUTSIDE CORPO- RATE LIMITS <input checked="" type="checkbox"/> INSIDE CORPO- RATE LIMITS | | 18d. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS) 1625 South Monterey Street | | |
| | 19a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN ANATOMICAL INVESTIGATION, AUTOPSY, DISSECT | | | | | 19b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSE STATED BELOW AND THAT I ATTENDED THE DECEASED FROM TO 8/24/56 AND THAT I LAST SAW THE DECEASED ALIVE ON 8/23/56 | | | | | |
| PHYSICIAN'S CERTIFICATION | 19c. SIGNATURE Robert F. Buggy MD | | DEGREE OR TITLE | | 19d. ADDRESS 947 W 8th Los Angeles | | 19e. DATE SIGNED 8/24/56 | | | | |
| | 20a. SPECIFY BURIAL, CREMATION OR REMOVAL Burial | | 20b. DATE August 27, 1956 | | 20c. CEMETERY OR CREMATORY Rose Hills Memorial Park | | 21. SIGNATURE OF EMBALMER (IF BODY EMBALMED) H. E. Johnson | | LICENSE NUMBER 4234 | | |
| FUNERAL DIRECTOR AND REGISTRAR | 22. FUNERAL DIRECTOR ROSE HILLS MORTUARY | | | 23. DATE RECEIVED BY LOCAL REGISTRAR AUG 27 1956 | | 24. SIGNATURE OF LOCAL REGISTRAR George M. White, M.D. | | | | | |
| | CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)) | | THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH | | 25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Congestive failure & Uremia 2 weeks | | ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST DUE TO (C) Hypertensive arteriosclerotic syst Cardiovascular disease | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| 26. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH | | | | | | | | | | | |
| OTHER SIGNIFICANT CONDITIONS | | 27a. DATE OF OPERATION | | 27b. MAJOR FINDINGS OF OPERATION | | | | | | 28. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| DEATH DUE TO EXTERNAL VIOLENCE | | 29a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE | | 29b. PLACE OF INJURY (E. G. IN OR ABOUT HOME; FARM, FACTORY, STREET, OFFICE BUILDING) | | 29c. LOCATION CITY OR TOWN COUNTY STATE | | | | | |
| | | 29d. TIME OF INJURY MONTH DAY YEAR HOUR M | | 29e. INJURY OCCURRED <input type="checkbox"/> WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK | | 29f. HOW DID INJURY OCCUR? | | | | | |