

REGISTRATION DISTRICT NO.

101 *5432* 3520

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

49-074162

EDUCATIONAL ATTAINMENT (TYPE OR NAME)

AGE OF DECEASED AT TIME OF DEATH

EMERGENCY (PLEASE PRINT) (SEE INSTRUCTIONS)

31
MODE OF DEATH (CHECK ONE OR LINE FOR 2 AND (C))

CIRCUMSTANCES OF DEATH (SPECIFY)

DEATH DUE TO NATURAL CAUSE

SOCIAL SECURITY NUMBER (SEE INSTRUCTIONS)

MUNICIPAL REGISTRATION AND REGISTRATION OFFICE OF CALIFORNIA

1. NAME OF DECEASED - FIRST NAME Frank		2. MIDDLE NAME Walter		3. LAST NAME Schulte		4. DATE OF BIRTH - MONTH DAY YEAR Oct. 2, 1949		5. AGE AT DEATH 67			
6. SEX male		7. COLOR OR RACE white		8. MARRIAGE STATUS married		9. DATE OF MARRIAGE Sept. 17, 1932		10. AGE (LAST BIRTHDAY) 67			
11. USUAL OCCUPATION OR BUSINESS Retired Base		12. KIND OF BUSINESS OR INDUSTRY Ball Player-		13. BIRTHPLACE (COUNTRY) New York		14. CHILD OF WHAT COUNTRY? U. S. A.					
15. NAME OF FATHER John Schulte				16. MARRIAGE NAME OF MOTHER unknown		17. NAME OF SPOUSE OR PARTNER Habel Schulte					
18. WAS ENGAGED EVER IN U. S. ARMED FORCES? no				19. SOCIAL SECURITY NUMBER none		20. INFORMANT Habel Schulte					
21. PLACE OF DEATH - CITY OR TOWN Oakland				22. LENGTH OF STAY IN THIS PLACE 10		23. COUNTY Alameda					
24. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION - IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION Merritt Hospital - Hawthorne at Webster Streets											
25A. STREET ADDRESS (IF RURAL, GIVE LOCATION) 981 - 63rd St.			25B. CITY OR TOWN Oakland			25C. COUNTY Alameda		25D. STATE California			
26. THIS CASE MEANS THE END OF LIFE DUE TO: FAILURE, ANEMIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH 334				27. DISEASE OR CONDITION OF WHICH DEATH RESULTED Coronary Vascular accident				28. DURATION OF ILLNESS 3 days		29. AGE AT DEATH 67	
30. ANTECEDENT CAUSES MOROSE COMORBIDITY IF ANY, GIVING DATE TO THE ABOVE CAUSE (A) STARTING THE UNDERLYING CAUSE LAST 334				31. DATE OF ONSET 3 days				32. DATE OF DEATH 5 days		33. AGE AT DEATH 67	
34. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH 334				35. OTHER SIGNIFICANT COMMENTS 334				36. DATE OF DEATH 20/3/49		37. TIME OF DEATH 10:30 AM	
38A. DATE OF OPERATION		38B. MAJOR PROCEDURE OR OPERATION									
39A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		39B. PLACE OF INJURY (STREET)		39C. LOCATION CITY OR TOWN		39D. COUNTY		39E. STATE			
40. TIME OF INJURY MONTH DAY YEAR HOUR		41. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		42. HOW DID INJURY OCCUR							
43. I HEREBY CERTIFY THAT I HAVE VIEWED THE BODY AND THAT THE INFORMATION CONTAINED HEREON IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. DATE: Oct. 2, 1949 TIME: 10:30 AM											
44. SIGNATURE OF REGISTRAR Robert				45. SIGNATURE OF LOCAL REGISTRAR ND		46. PLACE OF DEATH Waverfield Bldg. Oakland		47. DATE OF DEATH 10/3/49		48. TIME OF DEATH 10:30 AM	
49. MURIAL OR CREMATION <input type="checkbox"/> MURIAL <input type="checkbox"/> CREMATION		50. DATE 10/3/49		51. CEMETERY OR BURIAL PLACE California Crematory		52. SIGNATURE OF LOCAL REGISTRAR Allen		53. COUNTY Alameda		54. STATE California	
55. DATE RECEIVED BY LOCAL REGISTRAR OCT 5 1949				56. SIGNATURE OF LOCAL REGISTRAR Allen							