

STATE OF CALIFORNIA--DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEASED PERSONAL DATA

1. NAME OF DECEASED FIRST NAME JOSEPH		10. MIDDLE NAME P.		11. LAST NAME LOTZ		24. DATE OF DEATH-- MONTH DAY YEAR January 1, 1971		25. HOUR 3:20 P.	
3. SEX Male	4. COLOR OR RACE White	5. BIRTHPLACE Iowa	6. DATE OF BIRTH January 2, 1891		7. AGE 79	8. UNDER 1 YEAR		9. UNDER 24 HOURS	
8. NAME AND BIRTHPLACE OF FATHER Peter Lotz, Iowa				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Mary Arnes, Germany					
10. CITIZEN OF WHAT COUNTRY U.S.A.		11. SOCIAL SECURITY NUMBER 569-20-7385 A.		12. MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) Married		13. NAME OF SURVIVING SPOUSE (IF A.F.F. LISTED MIDDLE NAME) Nina Drews			
14. LAST OCCUPATION Salesman		15. NUMBER OF YEARS IN OCCUPATION Twelve	16. NAME OF LAST EMPLOYING COMPANY OR FIRM Ins. Security Trust Fund		17. KIND OF INDUSTRY OR BUSINESS Insurance				

PLACE OF DEATH

18A. PLACE OF DEATH--NAME OF HOSPITAL OR OTHER PATIENT FACILITY Eden Hospital		18B. STREET ADDRESS--STREET AND NUMBER OR LOCATION 20103 Lake Chabot Road		18C. HOUSE OR APARTMENT NUMBER No	
18D. CITY OR TOWN Castro Valley		18E. COUNTY Alameda		18F. NUMBER OF YEARS RESIDENT IN CITY OR TOWN Thirty	
18G. COUNTY Alameda		18H. CITY OR TOWN Hayward		18I. NUMBER OF YEARS RESIDENT IN CITY OR TOWN Thirty	
19A. USUAL RESIDENCE-- STREET ADDRESS--STREET AND NUMBER OR LOCATION 21860 Main Street		19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes		19C. STATE California	
19D. CITY OR TOWN Hayward		19E. COUNTY Alameda		20. NAME AND MAILING ADDRESS OF INFORMANT Jack Lotz 21860 Main Street Hayward, California 94541	

USUAL RESIDENCE WHERE OCCURRED OR CITY ENTERED SINCE BEFORE DECEASED

PHYSICIAN'S CERTIFICATION

21A. CORONER (WHEN CERTAIN THAT DEATH OCCURRED IN HIS JURISDICTION) 1748		21B. PHYSICIAN (WHEN CERTAIN THAT DEATH OCCURRED IN HIS JURISDICTION) 1-1-71		21C. PHYSICIAN OR OTHER (WHEN CERTAIN THAT DEATH OCCURRED IN HIS JURISDICTION) 1-1-71		21D. DATE SIGNED 1-4-71	
21E. ADDRESS 13 no Apple ave Hayward A 94541		21F. ADDRESS 13 no Apple ave Hayward A 94541		21G. ADDRESS 13 no Apple ave Hayward A 94541		21H. ADDRESS 13 no Apple ave Hayward A 94541	
22A. SPECIFY BURIAL, ENTOMBMENT, OR CREMATION Burial		22B. DATE 1/4/71		23. NAME OF CEMETERY OR CREMATORY Holy Sepulchre Cemetery		24. EMPALMER (WHEN BURIED IN CRYPT) Chas. V. Machado Jr.	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Hayward Mortuary		26. SIGNATURE OF LOCAL REGISTRAR James C. Maloney		27. SIGNATURE OF LOCAL REGISTRAR James C. Maloney		28. SIGNATURE OF LOCAL REGISTRAR James C. Maloney	

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: 426.9		ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		1971	
(A) IMMEDIATE CAUSE Massive CVA		(B) DUE TO OR AS A CONSEQUENCE OF Cerebral arteriosclerosis		1 day	
(C) DUE TO OR AS A CONSEQUENCE OF Generalized arteriosclerosis				years	
30. PART II. OTHER SIGNIFICANT CONDITION Numerous small CVAs		31. MANIPULATION OF BONES OR JOINTS (IF ANY) (DO NOT SIGN UNLESS YOU ARE A LICENSED PHYSICIAN) no		32. SIGNATURE OF LOCAL REGISTRAR no	

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE, OR HOMICIDE		34. PLACE OF INJURY (IF OTHER THAN HOME OR PLACE OF USUAL RESIDENCE) no		35. INJURY AT WORK no		36A. DATE OF INJURY no		36B. HOUR no	
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) no		37B. CITY OR TOWN no		37C. COUNTY no		38. SIGNATURE OF LOCAL REGISTRAR no		39. SIGNATURE OF LOCAL REGISTRAR no	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SIGNATURE OF PHYSICIAN WHO TREATED INJURY OR NAME OF PHYSICIAN IF ENTERED IN ITEM 28)									

STATE REGISTRAR

A	B	C	D	E	F
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