

'57 020043

CERTIFICATE OF DEATH

STATE FILE NO.

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO.

7053 REGISTRAR'S NUMBER

1295

1A. NAME OF DECEASED—FIRST NAME			1B. MIDDLE NAME			1C. LAST NAME			2A. DATE OF DEATH—MONTH, DAY, YEAR			2B. HOUR AND MINUTE		
JOHN			ESKINE			MAYER			MARCH 10, 1957			1:00 P.		
3. SEX	4. COLOR OR RACE	5. MARRIAGE STATUS		6. DATE OF BIRTH		7. AGE (LAST BIRTHDAY)			IF UNDER 1 YEAR		IF UNDER 24 HOURS			
Male	Caucasian	Married		January 16, 1890		67			MONTHS		DAYS			
9A. USUAL OCCUPATION			9B. KIND OF BUSINESS OR INDUSTRY			P. BIRTHPLACE (COUNTRY)			10. CITIZEN OF WHAT COUNTRY					
Salesman			Refrigeration			Georgia			U.S.A.					
11. NAME AND BIRTHPLACE OF FATHER					12. MAIDEN NAME AND BIRTHPLACE OF MOTHER					13. NAME OF PRESENT SPOUSE (IF MARRIED)				
Isaac M. Mayer - Ohio					Henrietta Frankel - Ohio					Grace C. Mayer				
14. WAS DECEASED EVER IN U.S. ARMED FORCES?					15. SOCIAL SECURITY NUMBER					16. INFORMANT				
NO					108-07-1063					Grace C. Mayer				
17A. COUNTY			17B. CITY OR TOWN			17C. LENGTH OF STAY IN THIS CITY OR TOWN								
Los Angeles			Los Angeles			17 years								
17D. FULL NAME OF HOSPITAL OR INSTITUTION						17E. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET OR RURAL ADDRESS AND LOCATION. DO NOT USE P.O. BOX NUMBER)								
None						1270 Meadowbrook Avenue								

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)

4201  
PLACE OF DEATH  
189

18A. STATE	18B. COUNTY	18C. CITY OR TOWN	18D. STREET OR RURAL ADDRESS (DO NOT USE P.O. BOX NUMBER)
California	Los Angeles	Los Angeles	1270 Meadowbrook Avenue

19A. CORONER: I HEREBY CERTIFY THAT I AM A CORONER IN THE STATE OF CALIFORNIA AND THAT I HAVE HELD THIS OFFICE SINCE [DATE] ON THE DEMAND OF DECEASED AS REQUIRED BY LAW		19B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE AND THAT I ATTENDED THE DECEASED FROM [DATE] TO [DATE] AND THAT I LAST SAW THE DECEASED [DATE]	
19C. SIGNATURE Herbert M. Moran, M.D.		19D. ADDRESS 6317 Wilshire Blvd	

20A. SPECIFY BURIAL OR REMOVAL	20B. DATE	20C. CEMETERY OR CREMATORY	21. SIGNATURE OF EMBALMER (IF NOT EMPLOYED)
Burial	3/13/57	Forest Lawn Memorial Park	George H. White, M.D.
22. FUNERAL DIRECTOR		23. DATE RECEIVED BY LOCAL REGISTRAR	24. SIGNATURE OF LOCAL REGISTRAR
FOREST LAWN MEMORIAL-PARK ASSN., GLENDALE, CALIFORNIA		MAR 12 1957	George H. White, M.D.

CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))	25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	25. ANTECEDENT CAUSES (NUMBER CONDITIONS, IF ANY, GIVING REAS IN THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST)	
	(A) myocardial infarction due to coronary thrombosis (arteriosclerosis) days	2 weeks

OTHER SIGNIFICANT CONDITIONS	26. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS	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 (AS IN OR LAB., FACTORY, STREET, OFFICE, BUILDING)	29C. LOCATION CITY OR TOWN COUNTY STATE
	29D. TIME OF INJURY MONTH DAY YEAR HOUR	29E. INJURY OCCURRED WHILE AT WORK	29F. HOW DID INJURY OCCUR
		<input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK	