

STATE

FILE

67-125265

## CERTIFICATE OF DEATH

1967 LOCAL REGISTRATION  
DISTRICT AND 3801

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE NUMBER

7291

DECEDENT PERSONAL DATA	1A. NAME OF DECEASED—FIRST NAME JOHN			1B. MIDDLE NAME T.			1C. LAST NAME PRICE			2A. DATE OF DEATH—MONTH, DAY, YEAR Oct. 2, 1967			2B. HOUR 10:25P.							
	3. SEX Male		4. COLOR OR RACE White		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Alabama		6. DATE OF BIRTH Nov. 13, 1912			7. AGE (LAST BIRTHDAY) 54. YEARS		IF UNDER 1 YEAR AGE		IF UNDER 28 HOURS AGE						
	8. NAME AND BIRTHPLACE OF FATHER Walter Price, Alabama					9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Ruth unknown, Alabama					10. CITIZEN OF WHAT COUNTRY U.S.A.			11. SOCIAL SECURITY NUMBER 265 10 6651						
	12. LAST OCCUPATION Bartender			13. NUMBER OF YEARS IN THIS OCCUPATION 7 years			14. NAME OF LAST EMPLOYING COMPANY OR FIRM J. & J. Bar			15. KIND OF INDUSTRY OR BUSINESS bar										
PLACE OF DEATH	16. IF DECEASED HAS EVER IN U.S. ARMED FORCES GIVE WAR OR DATES OF SERVICE WW II						17. SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED Married			18A. NAME OF PRESENT SPOUSE Marthe Price			18B. PRESENT OR LAST OCCUPATION OF SPOUSE housewife							
	19A. PLACE OF DEATH—NAME OF HOSPITAL						19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OF LOCATION. DO NOT USE P. O. BOX NUMBERS) 1563 Treat Street						IF CITY CORPORATE LIMITS		OUTSIDE CITY CORPORATE LIMITS					
	19C. CITY OR TOWN San Francisco						19D. COUNTY San Francisco			19E. LENGTH OF STAY IN COUNTY OF DEATH 13 YEARS		19F. LENGTH OF STAY IN CALIFORNIA 13 YEARS								
LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)	20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OF LOCATION. DO NOT USE P. O. BOX NUMBERS) 1563 Treat St.						20B. IF INSIDE CITY CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE <input type="checkbox"/> OUTSIDE CITY CORPORATE LIMITS			21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE) wife										
	20C. CITY OR TOWN San Francisco			20D. COUNTY San Francisco			20E. STATE California			21B. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST LISTED BEHIND OF DECEASED) same as 20.										
PHYSICIAN'S OR CORONER'S CERTIFICATION	22A. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 10:00 TO 10:30 AND THAT I LAST SAW THE DECEASED ALIVE ON 10-3-67						22C. PHYSICIAN OR CORONER—SIGNATURE <i>Henry W. Tuck</i> (M.D.)						22E. DEGREE OR TITLE Coroner							
	22B. 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 ANATOMY ON THE REMAINS OF DECEASED AS REQUIRED BY LAW						22D. ADDRESS San Francisco, Ca. 7th & Bryant Streets			22E. DATE SIGNED 10-3-67										
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. SPECIFY PLACE, MANNER, OR CREMATION Cremation			24. DATE Oct. 3, 1967			25. NAME OF CEMETERY OR CREMATORY OLIVET MEM. PARK, Colma, Calif.			26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER not embalmed										
	27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) GANNIN FELDER KENNY						28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR 10-3-67			29. LOCAL REGISTRAR—SIGNATURE										
CAUSE OF DEATH	30. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY Hanging. IMMEDIATE CAUSE (A) Alcohol blood level: 0.28% CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) DUE TO (B) _____ (A) STATING THE UNDERLYING CAUSE LAST DUE TO (C) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) _____												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	31. OPERATION—CHECK ONE <input checked="" type="checkbox"/> NO OPERATION PERFORMED <input type="checkbox"/> OPERATION PERFORMED <input type="checkbox"/> NO ANATOMY PERFORMED <input type="checkbox"/> ANATOMY PERFORMED														32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE <input type="checkbox"/> NO AUTOPSY PERFORMED <input type="checkbox"/> AUTOPSY PERFORMED <input type="checkbox"/> NO DISSECTION PERFORMED <input type="checkbox"/> DISSECTION PERFORMED		ALL OTHER PERFORMED—SPECIFY IN COMMENTS	
	34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE SUICIDE						34B. DESCRIBE HOW INJURY OCCURRED (GIVE DETAILS. ALL DETAILS WHICH BELONG TO OTHER SECTIONS OF FORM SHOULD BE ENTERED IN PART I. THE REST IS FOR THIS SECTION) Leather belt tied around neck and attached to light fixture													
INJURY INFORMATION	35A. TIME OF INJURY P 10 2 1967			35B. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK			35C. PLACE OF INJURY home			35D. CITY, TOWN, OR LOCATION San Francisco, San Francisco, California			35E. COUNTY STATE San Francisco, California							