

# CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA  7	1a. NAME OF DECEASED—FIRST NAME <b>Eva</b>		1b. MIDDLE NAME <b>Irene</b>		1c. LAST NAME <b>Meredith</b>		2a. DATE OF DEATH—MONTH DAY YEAR <b>April 11, 1970</b>		2b. HOUR <b>7:15 P. M.</b>			
	3. SEX <b>Female</b>	4. COLOR OR RACE <b>Caucasian</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kansas</b>		6. DATE OF BIRTH <b>March 31, 1881</b>		7. AGE (LAST BIRTHDAY) <b>89</b> YEARS		IF UNDER 1 YEAR IF UNDER 24 HOURS			
	8. NAME AND BIRTHPLACE OF FATHER <b>Francis M. Stahl Unknown</b>				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Jennie I Dickson Unknown</b>							
	10. CITIZEN OF WHAT COUNTRY <b>United States</b>		11. SOCIAL SECURITY NUMBER <b>511 32 2886</b>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)					
	14. LAST OCCUPATION <b>Housewife</b>		15. NUMBER OF YEARS IN THIS OCCUPATION <b>50</b>		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>Own Home</b>		17. KIND OF INDUSTRY OR BUSINESS <b>Homemaking</b>					

PLACE OF DEATH	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>California Hospital</b>			18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) <b>1414 So. Hope St.</b>			18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>				
	18d. CITY OR TOWN <b>Los Angeles</b>			18e. COUNTY <b>Los Angeles</b>			18f. LENGTH OF STAY IN COUNTY OF DEATH <b>4 Mos.</b> YEARS			18g. LENGTH OF STAY IN CALIFORNIA <b>4 Mos.</b> YEARS	

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1428 W. 125th St.</b>			19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>No</b>			20. NAME AND MAILING ADDRESS OF INFORMANT <b>Margaret Sayre 1428 W. 125th St. Los Angeles, California</b>					
	19c. CITY OR TOWN <b>Inglewood Rural</b>			19d. COUNTY <b>Los Angeles</b>			19e. STATE <b>California</b>					

PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. 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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.  (INVESTIGATION OR INQUEST)		21b. 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 _____ TO _____ AND _____ AND _____ (ENTER MONTH, DAY, YEAR; ENTER MONTH, DAY, YEAR; ENTER MONTH, DAY, YEAR; ENTER MONTH, DAY, YEAR)		21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE <b>Constance D. Ward, M.D.</b>		21d. DATE SIGNED <b>4/13/70</b>	
			<b>6 APRIL 70 4/11/70 11 APRIL 70</b>		21e. ADDRESS <b>336 E. Hillcrest, Inglewood</b>		21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER <b>A-06375</b>	

FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Burial</b>		22b. DATE SHIPPED <b>Apr. 14, 1970</b>		23. NAME OF CEMETERY OR CREMATORY <b>Auburn Cemetery, Auburn, Kan.</b>		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <b>Henry W. Carwell 5444</b>	
	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Snyders Southwest Mortuary, Inc.</b>		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) <b>No</b>		27. LOCAL REGISTRAR—SIGNATURE <b>Richard H. ...</b>		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>APR 14 1970</b>	

MEDICAL AND HEALTH DATA  9	29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C IMMEDIATE CAUSE (A) <b>ADENOCARCINOMA OF RECTUM</b>							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>6 to 10 MONTHS</b>				
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (B) _____ (C) _____											
30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I <b>ADVANCED GENERALIZED DEGENERATIVE SENILITY</b>							31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) <b>NO</b>		32a. AUTOPSY (SPECIFY YES OR NO) <b>YES</b>		32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO) <b>YES</b>	

INJURY INFORMATION  3	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH DAY YEAR		36b. HOUR	
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19 MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)										

STATE REGISTRAR	A.	B.	C.	D.	E.	F.	<b>6028</b>
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