

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

PLACE OF DEATH, DIST. No. _____
(To be inserted by Registrar)

California State Board of Health

State Index No. _____

County of _____

BUREAU OF VITAL STATISTICS

Local Registered No. **7906**

City or _____

STANDARD CERTIFICATE OF DEATH

(No. **Receiving Hosp.** St.; _____ Ward)

or Rural Registration District _____

[If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 13a and 13b.]

FULL NAME **ARNOLD EHRET**

PERSONAL AND STATISTICAL PARTICULARS

CORONER'S CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

DATE OF DEATH

Male

Cauc.

Single

Oct.

10

1922

(Month)

(Day)

(Year)

If married, widowed, or divorced
GIVE NO. of
(or "W" of

I HEREBY CERTIFY, as to the person above named and herein described, That on _____ 19____

I held an inquest and the jury rendered a verdict on the death. Or, that I have investigated the death officially on account of _____

DATE OF BIRTH

July

1866

(Month)

(Day)

(Year)

AGE

66

years

months

days

or

min.

If LESS than 1 day, _____ hrs.

The CAUSE OF DEATH* was as follows:

Fracture of skull, accidental.

Fall and struck head on curbing.

OCCUPATION

(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employee).
(c) Name of employer.

Teacher of Distictes

State whether attributed to dangerous or hazardous conditions of employment.

Fracture of skull, accidental.

Fall and struck head on curbing.

BIRTHPLACE (State or country city or town)

Germany

NAME OF FATHER

Unknown

BIRTHPLACE OF FATHER (city or town)

Germany

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER (city or town)

Germany

LENGTH OF RESIDENCE

At Place of Birth _____ years _____ months _____ days
(Primary registration districts)
(If nonresident, give city or town and state)

In California _____ years _____ months _____ days

Now living in U.S. if of foreign birth _____ years _____ months _____ days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Red Hirsch

(Address) 846 E. 6th St.

Filed

Oct. 11 1922

Subregistrar

Filed

Oct. 11 1922

Registrar or Deputy

State whether attributed to dangerous or hazardous conditions of employment.

(Signed)

Autopsy Required

Approved: (Signed)

Frank A. Nance

Coroner

By Wm. M. Durkin, Jr.

(Address)

October 11 1922

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL. (Use reverse side for additional space.)

SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents

Where was disease contracted?

If not at place of death:

Fracture of skull

and

fatal embolism

PLACE OF BURIAL OR REMOVAL

Forest Lawn Crematory

DATE OF BURIAL

10 - 11

1922

UNDERTAKER

Booth & Boylston Co.

ENTOMOLOGICAL EXAMINEE NO.

ADDRESS

1147 S. Flower St.

1485

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack

CONNY B. MCCORMACK
Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved burden displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE