

CERTIFICATE OF DEATH

4100

9.99

STATE FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEASED—FIRST NAME		1B. MIDDLE NAME		1C. LAST NAME	
Erma		Marta		Showers	
3. SEX		4. COLOR OR RACE		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	
Female		White		Germany	
6. DATE OF BIRTH		7. AGE (LAST BIRTHDAY)		8. MAIDEN NAME AND BIRTHPLACE OF MOTHER	
April 17, 1909		61 years		Frederick Sternbeck Germany	
10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
U. S. A.		553-79-2314		Married	
14. LAST OCCUPATION		15. THIS OCCUPATION IN NUMBER OF YEARS IN (IF SELF EMPLOYED, SO STATE)		16. NAME OF LAST EMPLOYING COMPANY OR FIRM	
Housewife		—		—	
18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)		18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
Peninsula Hospital		1783 El Camino Real		YES	
18D. CITY OR TOWN		18E. COUNTY		18F. LENGTH OF STAY IN COUNTY OF DEATH	
Burlingame		San Mateo		22 years	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		19C. LENGTH OF STAY IN CALIFORNIA	
353 Kains Avenue		Yes		22 years	
19D. CITY OR TOWN		19E. STATE		19F. PHYSICIAN NUMBER	
San Bruno		California		407032	
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		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 RELEASED		21C. PHYSICIAN OR CORONER: NAME AND TITLE (SPECIFY YES OR NO)	
11/9/57		4/13/71		Mr. Harold S. Showers	
22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION		22B. DATE		23. NAME OF CEMETERY OR CREMATORIAL REGISTER (SPECIFY YES OR NO)	
Burial		4-15-71		Greenlawn Memorial Park	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. TIME DEATH REPORTED TO CORONER (SPECIFY YES OR NO)		27. FEDERAL REGISTRATION SIGNATURE	
The Chapel of the Highlands		10		George Pickett MD	
29. PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		28. STATE LICENSE NUMBER (SPECIFY YES OR NO)	
(A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF		George Pickett MD APR 15 1971		5821	
(B) <i>Stroke occluding coronary artery disease</i> DUE TO, OR AS A CONSEQUENCE OF		1 week		LAST REGISTERED FOR REGISTRATION BY	
(C) <i>Local cerebral arteriosclerosis</i> DUE TO, OR AS A CONSEQUENCE OF		years		M	
30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
<i>Stroke of left brain due to occlusion of left coronary artery</i>		years			
33. SPECIFY ACCIDENT: SUICIDE OR HOMICIDE		34. PLACE OF INJURY (STREET, HIGHWAY, FERRY, AIRPORT, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)	
Homicide		Ferry		31. WAS OPERATION OR BIOPSY PERFORMED FOR OPERATION AND/OR BIOPSY? (SPECIFY YES OR NO)	
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37B. DISTANCE FROM PLACE OF INJURY TO LABORATORY (SPECIFY YES OR NO)		32A. AUTOPSY (SPECIFY YES OR NO)	
M		miles		32B. SHOT IN DETERMINING CAUSE OF DEATH? (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)				33. IF YES, WERE FINDINGS ON TESTS FOR DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)	
A.		B.		C.	
D.		E.		F.	
				6041	