CORONER'S REGISTER

CITY AND COUNTY OF SAN FRANCISCO

RECORD	ØE DEATH
Residence of deceased 3 4 4 7 - 16 anie Pare of Death Sept 36 - 194	lace where death occurred 2447-16 and
Date of Death 36 76 - 194 Date reported 25 Time reported 2 M. Name of person reporting case 200 2/ 1/2	Time of Death 5.50 M.
Police notified through Officerof	Relationship Review Address 29 Volume Phone
Sex Inale Color or Race White Single, Married, Etc. (Write the word) Massie	HISTORY OF CASE (supposed facts to be proven at inquest):
If Married, Widowed or Divorced, Name of Husband or Wife Year. Date of Birth—Month. Day Year.	The deceased resided with his wife and four children at 2447-16th
Age 5 - YrMoDays. If less than one dayHrsMin.	Avenue. On the evening of September 25, 1942, the deceased complained of
Occupation—Trade, profession or kind of work done as Spinnor, Sawyer, Bookkeeper, Etc.	severe pains in the upper left chest. On September 26, 1942 the patient
Industry, or business in which work was done, as Silkmill, Sawmill, Bank, Etc.	still complained of the pain and remained in bed. About 3:30 PM 9/26/42
Dank of america (Vay v rute Branch)	Mrs. Giannini went to do some shopping and upon her return home about
Date Deceased last worked at this occupation (Mo. and Yr.)	5:15 PM found her husband apparently dead in bed. Dr. Collischon was
Birthplace (city or town) State or Country for sure	called and upon his arrival at 5:50 PM 9/26/42 pronounced death. The
Father—NameState or Country	deceased, prior to September 25, 1942 had apparently been in normal healt
Mother—Maiden Name	
Birthplace (city or town)	
Length of Residence—City, Town or Rural District of Death	
In U. S., if of foreign birth— Yrs. Mos. Days Informant June Lanning Address 3447-16 ove Relationship	
(Nearest relative or person best qualified to give accurate information.)	
Burial, Cremation or Removal? (Write the word)	Sears, Birth marks, other distinguishing marks //o//
PlaceDate	Scars, Birth marks, other distinguishing marks
Body permitted to go to	Height 5-7 Weight 84 Eyes Slue Color of Hair Color of Hair
Request of Relationship	
Body received at Morgue Time Time M. Temp. of bodyBody removed—Time DirectorBody removed—Time Director	Driver Deputy
Funeral Director Gas, W. Geelly Address 1575 Olofores a.K.	WITNESSES
Order signed by Rose Cheaning Relationship Wifel Body delivered by Ceaning 9-27-42 Deputy	Name Address Remarks
Public Administrator notified NO Date Time M.	Fire) Thammen 2447-16 ove Thefer
Industrial Accident, Commission notified Date	
Room sealed Date Seal released Certificate sent Board of Health La La La La Date	
Relatives notified 19 Ed Date 1/26/42 By Treeant at clearly	
Photo taken By Mask taken Forwarded U. S. Veterans' Bureau	
Result	
Body placed in cold storage—Date and time	
IN CASE OF ACCIDENT, SUICIDE, ETC.	
Nature of supposed accident or suicide	
INFORMATION RELATIVE TO INSURANCE	
Insurance Accident Amount of policy Accident Straight life Straight life Amount of policy Accident Amount of policy Accident Amount of policy Accident Amount of policy Amount of policy Accident Amount of policy Accident Amount of policy A	
Amount of policy Straight life Straight life Relationship Relationship	
Aciationship	
Carrier	
Pension ClaimIndustrial Claim	
EMERGENCY HOSPITAL RECORD	Property No. 18 7 9 Check No. S/D Box No. S/D Box No.
Date call receivedTime	***PROPERTY
Pronounced dead by	Body searched by
Died in transit	The following property turned over to and receipted for by
Dead on arrival at hospitalTime	At Date
Died in hospitalTime	Money—Currency Rold Rold Silver Coppers Total
Ambulance steward	Jewelry
Official making search of bodyWitness to search	
EVIDENCE	
The following evidence	Will MU Bank Book Med
Submitted to	Discharge papers. My
Deputy.	Other effects—(Stocks, bonds, pawn tickets, lodge receipts, etc.)
Other evidence held at Coroner's office	-74)
Evidence held by police	Social Security No.
Evidence held by emergency service	Clothes Locker NoOn hanger in Locker No
Disposition of Evidence	Property found on research of clothing at morgue
AUTOPSY SURGEON'S REPORT	Deputy
San Francisco	
I hereby certify that I have performed an Autopsy upon or made an Examination of	The above property checked and received by————————————————————————————————————
the body of Real Change	Data
Date July 2 1942 Time // HM, and that the apparent cause of death is	DISPOSITION OF PROPERTY
Coronery orcheren con & If cerim flow brown	Received the above listed property:
	Name
	Address
M. D., Autopsy Surgeon	Relationship
Cause of death determined at inquest	DateDeputy
	RECEIPT FOR CLOTHING
	NameAddress
After careful investigation by Deputy Coronerinto	
the circumstances surrounding the death of l hereby	DateDeputy
certify that the apparent cause of death is	NEWSPAPER CLIPPINGS
M. D., Coroner	
RESULT OF INQUEST	
Date of Inquest SAID DEATH DUE TO NATURAL CAUSES.	
Verdict of Jury: SAID DEATH DUE TO NATURAL CRUSSS.	
,	
Transcript Filed With County Clerk	
Date Filed by Filed	,