WRITE FIRMLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Read Instructions on Back

VITAL STATISTICS

1. FULL NAME H-455 [illegible] 3246 DISTRICT NO 3801 REGISTRAR'S NO 5735

2. PLACE OF DEATH CITY AND COUNTY OF SAN FRANCISCO 40 051245

(A) USUAL RESIDENCE OF DECEASED
(A) STATE [illegible]
(B) COUNTY [illegible]
(C) CITY OR TOWN [illegible]
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL
(D) STREET NO [illegible]

IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL
(C) NAME OF HOSPITAL OR INSTITUTION Dante Hospital
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION
(D) LENGTH OF STAY (SPECIFY WHETHER YEARS, MONTHS OR DAYS)
IN HOSPITAL OR INSTITUTION 2 weeks
IN THIS COMMUNITY life IN CALIFORNIA life
(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. YEARS

20. DATE OF DEATH MONTH August DAY 24 YEAR 1940 HOUR MINUTE

3. (A) IF VETERAN, NAME OF WAR World War
3. (B) SOCIAL SECURITY NO None
4. SEX Male
5. COLOR OR RACE White
6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED Married
6. (B) NAME OF HUSBAND OR WIFE Ruby M. Hallinan
6. (C) AGE OF HUSBAND OR WIFE IF ALIVE 45 YEARS

21. MEDICAL CERTIFICATE
I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED
FROM Aug 3 1940
TO Aug 23 1940
THAT I LAST SAW H 1 M ALIVE
ON Aug 23 1940
AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE

22. CORONER'S CERTIFICATE
I HEREBY CERTIFY, THAT I HELD AN AUTOPSY, INQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FINDS FROM SUCH ACTION THAT DECEASED CAME TO [illegible] DEATH ON THE DATE AND HOUR STATED ABOVE

7. BIRTHDATE OF DECEASED August 23 1888 (MONTH DAY YEAR)
8. AGE 52 YRS 0 MOS 1 DAYS IF LESS THAN ONE DAY OLD HRS MIN
9. BIRTHPLACE San Francisco, California
10. USUAL OCCUPATION Deputy County Clerk
11. INDUSTRY OR BUSINESS City and County San Francisco
12. NAME C. M. Hallinan
13. BIRTHPLACE San Francisco, California
14. MAIDEN NAME Elizabeth Linden
15. BIRTHPLACE San Francisco, California
16. (A) INFORMANT Ruby M. Hallinan
(B) ADDRESS 157 Ulloa St.

IMMEDIATE CAUSE OF DEATH Hypostatic Pneumonia
DUE TO Uremia
DUE TO Cong. operation
OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)
MAJOR FINDINGS OF OPERATIONS Carcinoma of rectum
DATE OF OPERATION 8/9/40
OF AUTOPSY none

DURATION: 2 da.

PHYSICIAN UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

17. (A) Burial (B) DATE Aug. 26, 1940
(C) PLACE Holy Cross Cemetery
18. (A) EMBALMER'S SIGNATURE Geo. J. Walsh LICENSE NO. 984
(B) FUNERAL DIRECTOR Carew & English, Inc.
ADDRESS 350 Masonic Ave.
BY N. H. Archfold

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
(A) ACCIDENT, SUICIDE, OR HOMICIDE? (B) DATE OF INJURY
(C) WHERE DID INJURY OCCUR? CITY OR TOWN COUNTY STATE
(D) DID INJURY OCCUR IN OR ABOUT HOME, OR FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? SPECIFY TYPE OF PLACE WHILE AT WORK?
(E) MEANS OF INJURY

19. (A) AUG 26 1940 DATE FILED [signature] REGISTRAR'S SIGNATURE

24. ~~CORONER'S OR~~ PHYSICIAN'S SIGNATURE [signature] (SPECIFY WHICH)
ADDRESS 450 Sutter St DATE 8/24/40

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS