

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCOPLACE OF DEATH, Dist. No. **3801**
(To be inserted by Registrar)
City and County of **SAN FRANCISCO**STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICSLocal Registered No. **3505**

STANDARD CERTIFICATE OF DEATH

(No. **LAGUNA HONDA HOME** St.; **5** Ward)

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

FULL NAME

Bertha Marie Bellman

PERSONAL AND STATISTICAL PARTICULARS

SEX **Female** COLOR OR RACE **White** SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **Widow**

If married, widowed, or divorced

(or) WIFE of **Carl Bellman**

DATE OF BIRTH

August 31, 1860

AGE

70 years 8 months 19 days or min.

If LESS than

1 day, hrs.

or min.

OCCUPATION

(a) Trade, profession, or particular kind of work **Housewife**(b) General nature of industry, business, or establishment in which employed (or employer) **Inmate**(c) Name of employer **Laguna Honda Home**

BIRTHPLACE (State or country city or town)

Berlin, Germany.

NAME OF FATHER

William Gilge

BIRTHPLACE OF FATHER (city or town)

Germany

MAIDEN NAME OF MOTHER

Matilda Schachi

BIRTHPLACE OF MOTHER (city or town)

Germany

LENGTH OF RESIDENCE

At Place of Death **44** years months days

(Primary registration district)

(If nonresident, give city or town and state)

In California **44** years months daysHow long in U. S. of foreign birth? **146** years months days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

LAGUNA HONDA HOME

(Address)

FILED **MAY 22 1931****William C. Hassler, Jr.**
Registrar or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

May 20, 1931
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from

Mar. 7, 1931 to **May 20, 1931**that I last saw her alive on **May 20, 1931**and that death occurred on the date stated above at **10:25 A.m.**

The CAUSE OF DEATH* was as follows:

**Arteriosclerosis - generalized
Parkinson's Syndrome due to
Arteriosclerosis**

(Duration) years months days

Contributory **Terminal pneumonia**

(Duration) years months days

Where was disease contracted

if not at place of death?

Did an operation precede death? **no** Date ofWas there an autopsy? **yes**What test confirmed diagnosis? **Chin. Autopsy**(Signed) **Alphonso S. Kanchay, M.D.****5/20/31**(Address) **LAGUNA HONDA HOME**

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

PLACE OF BURIAL OR REMOVAL

National Cemetery

DATE OF BURIAL

5-24-31

UNDERTAKER

John J. H.

EMBALMER'S LICENSE No.

ADDRESS

714 Sacramento St.

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date of this certificate.

2009 MAR 27 PM 4:16

DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Mitchell Katz, M.D.
Health Officer and Local Registrar

