STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

REGISTRATION DISTRICT NO. 3801 REGISTRAR'S NUMBER 2823

CERTIFICATE OF DEATH

STATE FILE NO.

1a. NAME OF DECEASED—FIRST NAME: FRANK	1b. MIDDLE NAME: ALFRED	1c. LAST NAME: THUDE	2a. DATE OF DEATH – MONTH, DAY, YEAR: April 13, 1950	2b. HOUR: 2:30 P. M.	
3. SEX: Male	4. COLOR OR RACE: White	5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED?: Married	6. DATE OF BIRTH: Aug. 13, 1882	7. AGE (LAST BIRTHDAY): 67 YEARS	IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES
8a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Retired	8b. KIND OF BUSINESS OR INDUSTRY: Tile-Setter	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Germany	10. CITIZEN OF WHAT COUNTRY?: Germany		
11. NAME OF FATHER: Unknown Thude	12. MAIDEN NAME OF MOTHER: Unknown	13. NAME OF SPOUSE (IF MARRIED): Ruth M. Thude			
14. WAS DECEASED EVER IN U. S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN: No	IF YES, GIVE WAR OR DATES OF SERVICE	15. SOCIAL SECURITY NUMBER: 567-16-8632	16. INFORMANT: Alfred Floyd Thude, 80 Riverton Drive, S.F.		
17a. PLACE OF DEATH – CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN): San Francisco, California		17b. LENGTH OF STAY IN THIS PLACE: 65 Years	17c. COUNTY: San Francisco		
17d. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION – (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4662 - 18th St.					
18a. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4662 - 18th St.		18b. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN): San Francisco	18c. COUNTY: San Francisco	18d. STATE: California	

CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))

19-I. THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC., IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH.	19-Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Coronary occlusion,	1 wk.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	19-Ib. DUE TO: Generalized arteriosclerosis	4 yrs.
	19-Ic. DUE TO:	
19-II. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	19-IIb. OTHER SIGNIFICANT CONDITIONS	

(APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH)

420.1 G

OPERATIONS AND AUTOPSY

20a. DATE OF OPERATION	20b. MAJOR FINDINGS OF OPERATION	21. AUTOPSY: ☐ YES ☒ NO

DEATH DUE TO EXTERNAL VIOLENCE

22a. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY)	22b. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.)	22c. LOCATION – CITY OR TOWN, COUNTY, STATE	
22d. TIME OF INJURY – MONTH, DAY, YEAR, HOUR	22e. INJURY OCCURRED: ☐ WHILE AT WORK ☐ NOT WHILE AT WORK	22f. HOW DID INJURY OCCUR?	

PHYSICIAN'S OR CORONER'S CERTIFICATION

23a. CORONER'S: I HEREBY CERTIFY THAT I HAVE HELD AN ☐ AUTOPSY, ☐ INQUEST, OR ☐ INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE.

23b. PHYSICIAN'S: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Apr. 5, 1950 TO Apr. 13, 1950 THAT I LAST SAW THE DECEASED ALIVE ON Apr. 13, 1950 AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE.

23c. SIGNATURE: H. A. Rogge M.D. DEGREE OR TITLE

23d. ADDRESS: 450 Duboce St.

23e. DATE SIGNED: Apr. 14, 50

FUNERAL DIRECTOR AND REGISTRAR

24a. ☐ BURIAL ☒ CREMATION ☐ REMOVAL	24b. DATE: 4/15/50	24c. CEMETERY OR CREMATORY: Cypress Lawn Memorial Park	25. SIGNATURE OF EMBALMER: John L. Ouweleen	LICENSE NUMBER: 2990
27. DATE RECEIVED BY LOCAL REGISTRAR: APR 15 1950	28. SIGNATURE OF LOCAL REGISTRAR: [signature]		29. SIGNATURE OF FUNERAL DIRECTOR: Gantner Felder Kenny	ADDRESS: 1965 Mkt. S.F. Calif.

STATE OF CALIFORNIA — REV. 1-49 FORM L & S, II — DEPARTMENT OF PUBLIC HEALTH

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 issued.

DATE ISSUED: 2009 APR -2 AM 9:49

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

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

NORTHERN BANK NOTE CO.