

DATED: **DEC 12 1958**
SAN MATEO, CALIFORNIA

H. D. CHOFE, M. D.
DIRECTOR & LOCAL REGISTRAR

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE
SAN MATEO COUNTY DEPT. OF PUBLIC HEALTH & WELFARE,
THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

STATE FILE NUMBER					CERTIFICATE OF DEATH STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH					LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
1A. NAME OF DECEASED—FIRST NAME RUTH			1B. MIDDLE NAME MELISSA			1C. LAST NAME THUDE			2A. DATE OF DEATH—MONTH, DAY, YEAR Dec. 4, 1958			2B. HOUR 8:00 P. M.					
3. SEX Female		4. COLOR OR RACE White		5. BIRTHPLACE Indiana		6. DATE OF BIRTH Dec. 16, 1886			7. AGE (LAST BIRTHDAY) 71 YEARS		8. IF UNDER 1 YEAR ELIGIBLE		9. IF UNDER 24 HOURS ELIGIBLE				
8. NAME AND BIRTHPLACE OF FATHER James Carter, Unknown					9. MAIDEN NAME AND BIRTHPLACE OF MOTHER No Record					10. CITIZEN OF WHAT COUNTRY USA			11. SOCIAL SECURITY NUMBER none				
12. LAST OCCUPATION Housewife				13. NUMBER OF YEARS IN THIS OCCUPATION		14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)				15. KIND OF INDUSTRY OR BUSINESS							
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE no				17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed				18A. NAME OF PRESENT SPOUSE			18B. PRESENT OR LAST OCCUPATION OF SPOUSE						
19A. PLACE OF DEATH—NAME OF HOSPITAL						19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 956-5th Ave.						<input checked="" type="checkbox"/> INSIDE CITY CORPORATE LIMITS		<input type="checkbox"/> OUTSIDE CITY CORPORATE LIMITS			
19C. CITY OR TOWN San Bruno						19D. COUNTY San Mateo			19E. LENGTH OF STAY IN COUNTY OF DEATH one month YEARS			19F. LENGTH OF STAY IN CALIFORNIA 60 YEARS					
20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 956-5th Ave.						20B. IF INSIDE CITY CORPORATE LIMITS <input checked="" type="checkbox"/> CHECK HERE			IF OUTSIDE CITY CORPORATE LIMITS <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM			21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE) Alfred Thude					
20C. CITY OR TOWN San Bruno						20D. COUNTY San Mateo			20E. STATE Calif.			21B. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED) 319 Linden Ave. South San Francisco, Cal.					
22A. 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 DECEASED FROM 12/4/58 AND THAT I LAST SAW THE DECEASED ALIVE ON 12/4/58												22C. PHYSICIAN OR CORONER—SIGNATURE <i>Walter C. Hogue</i>			22D. DEGREE OR TITLE MD		
23. 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 AN INVESTIGATION, AUTOPSY, INQUIRY ON THE REMAINS OF DECEASED AS REQUIRED BY LAW												23A. ADDRESS 319 Linden Ave. South San Francisco, Cal.			23B. DATE SIGNED 12/5/58		
24. DATE 12-8-58				25. NAME OF CEMETERY OR CREMATORY Cypress Lawn				26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <i>Katherine M. Beck</i> 3209									
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Gantner-Felder-Kenny				28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR Dec. 8, 1958				29. LOCAL REGISTRAR—SIGNATURE <i>H. D. Chofe</i>									
30. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Acute Heart failure</i> DUE TO (B) <i>Generalized arteriosclerosis</i> DUE TO (C) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>some years</i>					
31. OPERATION—CHECK ONE <input checked="" type="checkbox"/> NO OPERATION PERFORMED <input type="checkbox"/> OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH				32. DATE OF OPERATION				33. AUTOPSY—CHECK ONE <input checked="" type="checkbox"/> NO AUTOPSY PERFORMED <input type="checkbox"/> AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH									
34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE				34B. DESCRIBE HOW INJURY OCCURRED (GIVE NATURE OF INJURY WHICH RESULTED IN DEATH. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30.)													
35A. TIME OF INJURY HOUR MONTH DAY YEAR M.				35B. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK				35C. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)									
35D. CITY, TOWN, OR LOCATION				COUNTY				STATE									