

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

1. FULL NAME H. Albert Schmidt

DISTRICT No. 1901 REGISTRAR'S No. 15900

2. PLACE OF DEATH: (A) COUNTY Los Angeles
(B) CITY OR TOWN Los Angeles
(C) NAME OF HOSPITAL OR INSTITUTION 5161 Woodley Ave.
(D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)

3. USUAL RESIDENCE OF DECEASED:
(A) STATE California
(B) COUNTY Los Angeles
(C) CITY OR TOWN Los Angeles
(D) STREET NO. 5161 Woodley Ave.

(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. 3 Yrs IN CALIFORNIA 3 Yrs
3. (F) IF VETERAN, NAME OF WAR None 3. (G) 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 Eva K. Schmidt 6. (C) AGE AT MARRIAGE 19 6. (D) DATE OF MARRIAGE 1942

7. BIRTHDATE OF DECEASED December 10 1911 7. (A) YEAR 1911 7. (B) MONTH 10 7. (C) DAY 10

8. AGE 75 8. (A) YEARS 75 8. (B) MONTHS 0 8. (C) DAYS 0

9. BIRTHPLACE Patria, Michigan

10. USUAL OCCUPATION Retired Automobile Mechanic

11. INDUSTRY OR BUSINESS Unknown

12. NAME Unknown

13. BIRTHPLACE Unknown

14. MAIDEN NAME Unknown

15. BIRTHPLACE Unknown

16. (A) INFORMANT Mrs. Eva K. Schmidt 16. (B) ADDRESS 5161 Woodley Ave. Los Angeles, Cal.

17. (A) BIRTHDAY 11-16-42 17. (B) BIRTHPLACE California
17. (C) PLACE OF BIRTH California 17. (D) DATE OF BIRTH 11-16-42
18. (A) SIGNATURE [Signature] 18. (B) LICENSE NO. 2616
18. (C) SIGNATURE [Signature] 18. (D) SIGNATURE [Signature]
18. (E) SIGNATURE [Signature] 18. (F) SIGNATURE [Signature]
18. (G) SIGNATURE [Signature] 18. (H) SIGNATURE [Signature]
18. (I) SIGNATURE [Signature] 18. (J) SIGNATURE [Signature]
18. (K) SIGNATURE [Signature] 18. (L) SIGNATURE [Signature]
18. (M) SIGNATURE [Signature] 18. (N) SIGNATURE [Signature]
18. (O) SIGNATURE [Signature] 18. (P) SIGNATURE [Signature]
18. (Q) SIGNATURE [Signature] 18. (R) SIGNATURE [Signature]
18. (S) SIGNATURE [Signature] 18. (T) SIGNATURE [Signature]
18. (U) SIGNATURE [Signature] 18. (V) SIGNATURE [Signature]
18. (W) SIGNATURE [Signature] 18. (X) SIGNATURE [Signature]
18. (Y) SIGNATURE [Signature] 18. (Z) SIGNATURE [Signature]

19. (A) DATE FILED NOV 18 1942 19. (B) REGISTERAR [Signature]

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

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

20. DATE OF DEATH: MONTH November YEAR 1942 HOUR 6 MINUTE 45 DAY 12 PM
21. MEDICAL CERTIFICATE: I HEREBY CERTIFY THAT I HELD AN ANATOMICAL INVESTIGATION OF THE DECEASED AND FOUND THAT HE DIED OF Heart Failure ON 11-13-42 AT 5161 Woodley Ave. Los Angeles, Cal. AT 6:45 PM AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE. I HEREBY CERTIFY THAT I HELD AN ANATOMICAL INVESTIGATION OF THE DECEASED AND FOUND THAT HE DIED OF Heart Failure ON 11-13-42 AT 5161 Woodley Ave. Los Angeles, Cal. AT 6:45 PM AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE: I HEREBY CERTIFY THAT I HELD AN ANATOMICAL INVESTIGATION OF THE DECEASED AND FOUND THAT HE DIED OF Heart Failure ON 11-13-42 AT 5161 Woodley Ave. Los Angeles, Cal. AT 6:45 PM AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE. I HEREBY CERTIFY THAT I HELD AN ANATOMICAL INVESTIGATION OF THE DECEASED AND FOUND THAT HE DIED OF Heart Failure ON 11-13-42 AT 5161 Woodley Ave. Los Angeles, Cal. AT 6:45 PM AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
(A) ACCIDENT, SUICIDE, OR HOMICIDE: None
(B) DATE OF INJURY: None
(C) WHERE DID INJURY OCCUR: None
(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE: None
(E) MEANS OF INJURY: None
(F) SPECIFY TYPE OF PLACE: None
(G) WHILE AT WORK: None

24. CORONER'S SIGNATURE [Signature] PHYSICIAN'S SIGNATURE [Signature] (SPECIFY WHICH)
ADDRESS: Los Angeles, Cal. DATE: 11-13-42



This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk. DEC 13 1942

[Signature]
CONNOR B. MCCORMACK
Registrar-Recorder/County Clerk

* 19 - 0867748 *

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE