

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST MARY		1B. MIDDLE Jay		1C. LAST ALLEN		2A. DATE OF DEATH (MONTH, DAY, YEAR) December 24, 1982		2B. HOUR 2015
3. SEX Female	4. RACE Caucasian	5. ETHNICITY		6. DATE OF BIRTH January 3, 1903		7. AGE 79 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) PA		9. NAME AND BIRTHPLACE OF FATHER Walter Petravage Poland		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Mary Unknown Poland		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		
11. CITIZENSHIP (WHICH COUNTRY) U.S.A.		12. SOCIAL SECURITY NUMBER 335-12-5265		13. MARITAL STATUS Widowed		18. KIND OF INDUSTRY OR BUSINESS Own Home		
15. OCCUPATION Homemaker		16. NUMBER OF YEARS IN OCCUPATION Adult Life	17. EMPLOYER (IF EMPLOYED, STATE) Self		19C. CITY OR TOWN Altadena			
19A. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1938 Mar Vista Ave			19B.		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP George Larrain - son 479 Thomas Barrington II 60010			
19D. COUNTY Los Angeles			19E. STATE California		21A. PLACE OF DEATH St. Luke Hospital			
21A. PLACE OF DEATH St. Luke Hospital			21B. COUNTY Los Angeles		21C. CITY OR TOWN Pasadena			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2632 E. Washington Blvd			21D. CITY OR TOWN Pasadena		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE			
CAUSE OF DEATH	(A) Cardiac Arrest 57yrs	(B) Atherosclerotic heart disease 57yrs	(C) Generalized Atherosclerosis 25yrs	24. WAS DEATH REPORTED TO CORONER? No	25. WAS BIOPSY PERFORMED? No	26. WAS AUTOPSY PERFORMED? No		
	23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Emphysema	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 21 OR 23? TYPE OF OPERATION NO	27. DATE SIGNED 27 Dec 82	28D. PHYSICIAN'S LICENSE NUMBER G 109070				
	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEASED SINCE [] I LAST SAW DECEDENT ALIVE [] 12 May '77 12/14/82	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Marvin A. Piper M.D.</i>	28E. TYPE PHYSICIAN'S NAME AND ADDRESS Marvin A. Piper, M.D., 2052 N. Lake Pasa Ca	28C. DATE SIGNED 27 Dec 82				
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY (MONTH, DAY, YEAR)	32B. HOUR				
33. LOCATION (STREET AND NUMBER OR LOCATION) AND CITY OR TOWN	34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW. I HAVE HELD AN (INQUEST INVESTIGATION)	35B. CORONER—SIGNATURE AND DEGREE OR TITLE	35C. DATE SIGNED						
36. DISPOSITION Burial	37. DATE (MONTH, DAY, YEAR) Dec 28 1982	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Mountain View Cemetery - Altadena	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 2823 H.R. Anderson					
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mountain View-Stump, Ives & Warren	41. LOCAL REGISTRATION DISTRICT F-1020	42. DATE ACCEPTED BY LOCAL REGISTRAR DEC 28 1982						
STATE REGISTRAR	A.	B.	C.	D.	E.	F.		

CERTIFICATION STATEMENT:

This is to certify that the above is a true and correct copy of the DEATH CERTIFICATE of the above named decedent as registered in this office.

Elton J. Thompson
Health Officer

Verlene Mijon
Deputy Registrar-Vital Statistics
Pasadena Public Health Department

Furnished for fee of \$3.00

DATE: **DEC 28 1982**

SEAL OF THE CITY OF PASADENA

01-3-1-0750