

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST HAROLD			1B. MIDDLE EDWARD		1C. LAST FOGERLUND		2A. DATE OF DEATH (MONTH, DAY, YEAR) April 15, 1986		2B. HOUR 1425			
	3. SEX Male		4. RACE/ETHNICITY Cauc		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH June 16, 1904		7. AGE 81 YEARS		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES		
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Rhode Island			9. NAME AND BIRTHPLACE OF FATHER Unknown Unknown - Sweden						10. BIRTH NAME AND BIRTHPLACE OF MOTHER Unknown Unknown- Sweden			
	11A. CITIZEN OF WHAT COUNTRY U.S.A.		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE. 19 22 TO 19 26		12. SOCIAL SECURITY NUMBER 553-36-2703		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Dorothy Ivey				
USUAL RESIDENCE	15. PRIMARY OCCUPATION Letter Carrier			16. NUMBER OF YEARS THIS OCCUPATION 18		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) U.S. Postal Service			18. KIND OF INDUSTRY OR BUSINESS Mail				
	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 8931 Beverlywood Street						19B. 		19C. CITY OR TOWN Los Angeles				
PLACE OF DEATH	19D. COUNTY Los Angeles			19E. STATE California			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Dorothy Foglerlund - Wife 8931 Beverlywood Street Los Angeles, California 90034						
	21A. PLACE OF DEATH Brotman Memorial Hospital			21B. COUNTY Los Angeles									
	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3828 Delmas			21D. CITY OR TOWN Culver City									
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (A) Respiratory arrest DUE TO, OR AS A CONSEQUENCE OF (B) Pneumonia DUE TO, OR AS A CONSEQUENCE OF (C) Uro seps is </div> <div style="width: 35%;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24. WAS DEATH REPORTED TO CORONER? NO 25. WAS BIOPSY PERFORMED? NO 26. WAS AUTOPSY PERFORMED? NO </div> </div>												
	23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A NONE						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO						
	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 4/5/86			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Fred Gletten 28C. DATE SIGNED 4/17/86			28D. PHYSICIAN'S LICENSE NUMBER G037859						
	28E. TYPE PHYSICIAN'S NAME AND ADDRESS FRED GLETTEN M.D. 301 N. PRAIRIE AVE INGLEWOOD, CA.			29. SPECIFY ACCIDENT, SUICIDE, ETC. 			30. PLACE OF INJURY 		31. INJURY AT WORK 		32A. DATE OF INJURY—MONTH, DAY, YEAR 		32B. HOUR
INJURY INFORMA- TION	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 			
CORONER'S USE ONLY	36. DISPOSITION Cremation			37. DATE—MONTH, DAY, YEAR APRIL 18, 1986		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Pasadena Crematory/Pasadena, Calif			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE NOT EMBALMED				
	40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) ABBOTT & HAST COLONIAL MANSION			40B. LICENSE NO. F 1255		41. LOCAL REGISTRAR—SIGNATURE Robert S. [Signature]			42. DATE ACCEPTED BY LOCAL REGISTRAR APR 17 1986				
STATE REGISTRAR	A.		B.		C.		D.		E.		F.		

VS-11 (1-85)

THIS CERTIFIED COPY HAS BEEN ISSUED FREE OF CHARGE ON THE DECLARATION UNDER PENALTY OF PERJURY THAT IT IS TO BE USED IN A CLAIM TO THE FEDERAL GOVERNMENT OR THE STATE OF CALIFORNIA FOR A SERVICE MAN'S OR VETERANS BENEFITS.

