ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2236

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1033

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY IN THIS PLACE: 12yrs; IN ARIZONA: 12 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Memorial Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 508 E. Portland

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) George B. (MIDDLE) F C. (LAST) Ganem
4. SEX: male
5. COLOR OR RACE: white
6. MARRIED - - - - XXX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 12 DAY 25 YEAR 86
8. AGE: YEARS 65 MONTHS 4 DAYS 0
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Wholesale Dry Goods Business
9B. KIND OF BUSINESS OR INDUSTRY: Salesman
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mt. Lebanon
11. CITIZEN OF WHAT COUNTRY?: U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): NO (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: 148-01-1966
14A. FATHER'S NAME: Francis Ganem
14B. BIRTHPLACE (STATE OR COUNTRY): Lebanon
15A. MOTHER'S MAIDEN NAME: Marina Korkemas
15B. BIRTHPLACE (STATE OR COUNTRY): Lebanon
16. INFORMANT'S SIGNATURE: Mrs. Nabeeha Ganem, Wife, Phoenix, Arizona. ADDRESS
17. DATE OF DEATH (MONTH) April (DAY) 25, (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Acute cerebral vascular accident, probably thrombosis--embolic in character from left heart. — INTERVAL BETWEEN ONSET AND DEATH: 3½ hours
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Hypertension — 10 years
DUE TO (c) Arteriosclerosis — 10 years
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary occlusion — 10 days

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM several years TO April 25 19 52. THAT I LAST SAW THE DECEASED ALIVE ON April 24 19 52. AND THAT DEATH OCCURRED AT 1:15 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Jacob Reichert M. D. (DEGREE OR TITLE)
23B. ADDRESS: 303 W. McDowell Road
23C. DATE SIGNED: 4/26/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL XXXX CREMATION ☐ REMOVAL ☐
24B. DATE: 4-28-52
24C. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona.
25A. DATE REC'D BY LOCAL REG.: 4/28/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: W. L. Murphy. ADDRESS
27. EMBALMER'S SIGNATURE: W. L. Murphy. CERT. NO.
Whitney & Murphy Funeral Home, Phoenix, Ariz.

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