ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4568

CERTIFICATE OF DEATH

BIRTH NO. 1717

REGISTRAR'S NO. 1734

PLACE OF DEATH

1. A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 35 yrs. IN ARIZONA 35 yrs.
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hosp. Phoenix

USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

2. A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2717 N 7th St.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Charles B. (MIDDLE) Peter C. (LAST) Bock
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH: MONTH Aug. DAY 13 YEAR 1872
8. AGE (IN YEARS LAST BIRTHDAY): 79 — IF UNDER 1 YEAR: MONTHS 11 DAYS 29 — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE. EVEN IF RETIRED): Landlord
9B. KIND OF BUSINESS OR INDUSTRY: Apt. House
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Germany
11. CITIZEN OF WHAT COUNTRY?: U.S.
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.: None
14A. FATHER'S NAME: Hans Christian
14B. BIRTHPLACE (STATE OR COUNTRY): Germany
15A. MOTHER'S MAIDEN NAME: Maria Haar
15B. BIRTHPLACE (STATE OR COUNTRY): Denmark
16. INFORMANT'S SIGNATURE: Mrs Gene Wheeler Houston, Texas — ADDRESS:
17. DATE OF DEATH: (MONTH) August (DAY) 12 (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) Cerebral hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension - arteriosclerotic cardiovascular disease
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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 OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8-10, 1952, TO 8-12, 1952, THAT I LAST SAW THE DECEASED ALIVE ON 8-12, 1952, AND THAT DEATH OCCURRED AT 1:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: [signature] (DEGREE OR TITLE) MD
23B. ADDRESS: Phx, Ariz
23C. DATE SIGNED: 8-12-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 8-14-52
24C. NAME OF CEMETERY OR CREMATORY: Memory Lawn Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 8-12-52
25B. REGISTRAR'S SIGNATURE: Ruth A. Grimes Deputy
26. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Nussbaum — ADDRESS: Phoenix
27. EMBALMER'S SIGNATURE: Leo C. Nussbaum — CERT. NO.: 170

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