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Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9486

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3702

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY IN THIS TOWN: 2 YRS IN ARIZONA: 2 YRS
C. CITY OR TOWN: PHOENIX ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4425 E. CLARENDON ST.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA B. COUNTY: MARICOPA
C. CITY OR TOWN: PHOENIX ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4425 E. CLARENDON ST. E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): MARTHA B. (MIDDLE): SCHREINER C. (LAST): GERKEN
4. SEX: FEMALE 5. COLOR OR RACE: WHITE 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: JOHN M.
7. DATE OF BIRTH: MONTH JUNE DAY 15 YEAR 1897
8. AGE (IN YEARS LAST BIRTHDAY): 62
IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): HOUSEWIFE
9B. KIND OF BUSINESS OR INDUSTRY: HOME
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): NEW YORK
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. 114-18-3860
14A. FATHER'S NAME: HUGO SCHREINER, SR.
14B. BIRTHPLACE (STATE OR COUNTRY): GERMANY
15A. MOTHER'S MAIDEN NAME: LIDIA SIEBLE
15B. BIRTHPLACE (STATE OR COUNTRY): GERMANY
16. INFORMANT'S SIGNATURE: ALFRED GERKIN ADDRESS: 4425 E. CLARENDON
17. DATE OF DEATH (MONTH) DECEMBER (DAY) 4 (YEAR) 1959

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 CONDITION DIRECTLY LEADING TO DEATH: (a) HYPERTENSIVE CARDIOVASCULAR — INTERVAL BETWEEN ONSET AND DEATH: ?
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) DISEASE
DUE TO (c) A. CARDIAC INSUFFICIENCY — 6 mo.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 21 April 1953 TO 4 Dec 1959 THAT I LAST SAW THE DECEASED ALIVE ON 3 Dec 1959 AND THAT DEATH OCCURRED AT 7 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John C. Gibney (DEGREE OR TITLE) MD
22B. ADDRESS: 1006 E Montecito Way Phoenix
22C. DATE SIGNED: 7 Dec 59

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

GENERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12/9/59
25C. NAME OF CEMETERY OR CREMATORY: GREENWOOD MEMORIAL PARK
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX ARIZONA
26A. DATE REC. BY LOCAL REG.: 12/8/59
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Gilbert S. Dye
27B. ADDRESS: Phx, Ariz
28A. EMBALMER'S SIGNATURE: John R. Bradner
28B. EMBALMER'S CERT. NO. 372A

FORM VS 2 REV. 3-13-55 2M AMPCO 26392
PARADISE CHAPEL AND FUN. HM.