

MGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD  
 Read Instructions on Back  
 VITAL STATISTICS  
 Item 21: hypertension arteriosclerosis

FILED FEB 16 1944 MAME B. BEATTY, County Recorder

DISTRICT No. 1913 REGISTRAR'S No. 2

1. FULL NAME Agnes Keppler

2. PLACE OF DEATH: (A) COUNTY Los Angeles  
 (B) CITY OR TOWN South Pasadena 1-13  
 (C) NAME OF HOSPITAL OR INSTITUTION Mrs. Emery's Rest Home (3-1)  
 (D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)  
 IN HOSPITAL OR INSTITUTION 27 days  
 IN THIS COMMUNITY 27 days IF CALIFORNIA 30 yrs.  
 (E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. \_\_\_\_\_ YEARS

3. (E) IF VETERAN, NAME OF WAR None 3. (F) SOCIAL SECURITY NO None

4. SEX Female 5. COLOR OR RACE Cauc. 6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

6. (B) NAME OF HUSBAND OR WIFE Joseph Keppler 6. (C) AGE OF HUSBAND OR WIFE IF ALIVE \_\_\_\_\_ YEARS

7. BIRTHDATE OF DECEASED January 30, 1873  
 MONTH DAY YEAR IF LESS THAN ONE DAY OLD

8. AGE 70 YRS. 11 Mos. 11 DAYS HRS. MIN.

9. BIRTHPLACE Logansport, Indiana

10. USUAL OCCUPATION Housewife

11. INDUSTRY OR BUSINESS Own Home

MOTHER FATHER { 12. NAME John Dwyer  
 13. BIRTHPLACE Limerick, Ireland  
 14. MAIDEN NAME Cecelia Doyle  
 15. BIRTHPLACE Ireland

16. (A) INFORMANT Family Record (Self)  
 (B) ADDRESS By Eldred V. Robison

17. (A) Burial (B) DATE 1-14-44  
 BURIAL, CREMATION OR REMOVAL  
 (C) PLACE Calvary Cemetery

18. (A) EMBALMER'S SIGNATURE Eldred V. Robison LICENSE No. 2029  
 (B) FUNERAL DIRECTOR Eldred V. Robison Mortuary  
 ADDRESS 3601 E. First Street, Los Angeles  
 BY Mary W. Richie

19. (A) Jan. 13, 1944 (B) H.O. Swartout, M.D.  
 DATE FILED (C) REGISTRAR'S SIGNATURE  
 By Winnifred D. Finn

3. USUAL RESIDENCE OF DECEASED:  
 (A) STATE California  
 (B) COUNTY Los Angeles  
 (C) CITY OR TOWN Belvedere Township 65  
 IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL  
 (D) STREET No. 3751 E. 3rd Street

20. DATE OF DEATH: MONTH Jan. DAY 11  
 YEAR 1944 HOUR 9 MINUTE 30 P.M.

21. MEDICAL CERTIFICATE  
 I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED  
 FROM Dec. 14, 1943  
 TO Jan. 11, 1944  
 THAT I LAST SAW her ALIVE  
 ON Jan. 10, 1944 H. \_\_\_\_\_  
 AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE  
 I HEREBY CERTIFY, THAT I HELD AN  
 AUTOPSY, INQUEST OR INVESTIGATION  
 ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO  
 H. \_\_\_\_\_ DEATH ON THE DATE AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH	DURATION
<u>Chronic Myocarditis</u>	<u>?</u>
<u>Hypertension</u>	<u>?</u>
<u>93d</u>	

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)

MAJOR FINDINGS: OF OPERATIONS none DATE OF OPERATION \_\_\_\_\_

OF AUTOPSY none

PHYSICIAN UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:  
 (A) ACCIDENT, SUICIDE, OR HOMICIDE? \_\_\_\_\_ (B) DATE OF INJURY \_\_\_\_\_  
 (C) WHERE DID INJURY OCCUR? \_\_\_\_\_ CITY OR TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_  
 (D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? \_\_\_\_\_ WHILE AT WORK? \_\_\_\_\_  
 (E) MEANS OF INJURY \_\_\_\_\_

24. ~~CORONER'S~~ PHYSICIAN'S SIGNATURE E. J. Johnston, M.D.  
 (SPECIFY WHICH)  
 ADDRESS So. Pasadena DATE 1-12-44

STATE OF CALIFORNIA  
 DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE  
 BUREAU OF THE CENSUS

This is a true certified copy of the record  
 If it bears the seal, imprinted in purple ink,  
 of the Registrar-Recorder.

MAR 11 1982

Registrar-Recorder  
 LOS ANGELES COUNTY, CALIFORNIA

