

## U.S. Public Records Index, Volume 2

Name: **Norma E Freese**

Birth Date: 21 Apr 1900

Address: 1789 27th Ave, San Francisco, CA, 94122-4209

**Source Information:**

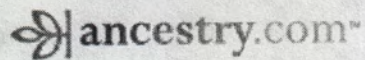
Ancestry.com. *U.S. Public Records Index, Volume 2* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2010.

Original data: *Voter Registration Lists, Public Record Filings, Historical Residential Records, and Other Household Database Listings*

**Description:**

The U.S. Public Records Index is a compilation of various public records spanning all 50 states in the United States from 1950 to 1993. Entries in this index may contain the following information: name, street or mailing address, telephone number, birth date or birth year.

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## Social Security Death Index

Name: **Norma Freese**

SSN: 558-09-8195

Last Residence: 94122 San Francisco, San Francisco, California, United States of America

Born: 21 Apr 1904

Died: Apr 1984

State (Year) SSN issued: California (Before 1951)

**Source Citation:** Number: 558-09-8195; Issue State: California; Issue Date: Before 1951.**Source Information:**

Ancestry.com. *Social Security Death Index* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2011.  
Original data: Social Security Administration. *Social Security Death Index, Master File*. Social Security Administration.

**Description:**

The Social Security Administration Death Master File contains information on millions of deceased individuals with United States social security numbers whose deaths were reported to the Social Security Administration. Birth years for the individuals listed range from 1875 to last year. Information in these records includes name, birth date, death date, and last known residence.

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# STATE OF CALIFORNIA

## DEPARTMENT OF HEALTH SERVICES

74-066667

### CERTIFICATE OF DEATH

3801

3220

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

<b>DECEDENT PERSONAL DATA</b>	1a. NAME OF DECEASED—FIRST NAME <b>Albert</b>		1b. MIDDLE NAME <b>Clarence</b>		1c. LAST NAME <b>Freese</b>		2a. DATE OF DEATH—MONTH, DAY, YEAR <b>May 16, 1974</b>		2b. HOUR <b>8:05 P</b>			
	3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>California</b>		6. DATE OF BIRTH <b>Nov. 5, 1898</b>		7. AGE (LAST BIRTHDAY) <b>75</b>		IF UNDER 1 YEAR 5-YEAR 1-YEAR 1-MONTH 1-WEEK 1-DAY			
	8. NAME AND BIRTHPLACE OF FATHER <b>Andrew C. Freese Denmark</b>				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Katherine Evans Louisiana</b>							
	10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11. SOCIAL SECURITY NUMBER <b>546-09-1362A</b>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Norma E. James</b>					
	14. LAST OCCUPATION <b>Engineer</b>		15. NUMBER OF YEARS IN THIS OCCUPATION <b>35</b>		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>State of California</b>		17. KIND OF INDUSTRY OR BUSINESS <b>Dept. of Port Authority</b>					
<b>PLACE OF DEATH</b>	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>Franklin Hospital</b>				18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) <b>Castro &amp; Duane Ave.</b>				18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>yes</b>			
	18d. CITY OR TOWN <b>San Francisco</b>				18e. COUNTY <b>San Francisco</b>		18f. LENGTH OF STAY IN COUNTY (IN YEARS) <b>life</b>		18g. LENGTH OF STAY IN CALIFORNIA (IN YEARS) <b>life</b>			
<b>USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)</b>	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1789 - 27th Avenue</b>				19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>yes</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Norma E. Freese (wife)</b>					
	19c. CITY OR TOWN <b>San Francisco</b>		19d. COUNTY <b>San Francisco</b>		19e. STATE <b>California</b>		1789 - 27th Avenue S.F. 9412 <b>Cal.</b>					
<b>PHYSICIAN'S OR CORONER'S CERTIFICATION</b>	21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE VIEWED OR THE REMAINS OF DECEASED AS REQUIRED BY LAW.		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED.		21c. PHYSICIAN OR CORONER—(NATURE AND RESUME OF TITLE) <b>Thomas J. Lawler</b>		21d. DATE SIGNED <b>18 May 74</b>		21e. LICENSE NUMBER <b>A-07045</b>			
	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Burial</b>		22b. DATE <b>5/20/74</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Holy Cross Cemetery</b>		22d. EMBALMER—SIGNATURE (IF BODY UNBALMED) LICENSE NUMBER <b>Arnold Miller 5788</b>					
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Duggan's Funeral Service</b>				26. IF NOT CERTIFIED BY CORONER, HAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) <b>No</b>		27. LOCAL REGISTRAR—SIGNATURE <b>James J. Curry, M.D.</b>		28. DATE RECEIVED FOR REGISTRATION—LOCAL REGISTRAR <b>May 20, 1974</b>			
	29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C. IMMEDIATE CAUSE (A) <b>Cerebral Edema</b> <span style="float: right;">3 days</span> CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B) <b>Uremia</b> <span style="float: right;">1 wk</span> (C) <b>Renal Failure</b> <span style="float: right;">2 wks</span>											
<b>MEDICAL AND HEALTH DATA</b>	30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. <b>Myocardial insufficiency</b>						31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 21 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) <b>No</b>		32. AUTOPSY (SPECIFY TYPE AND NO.) <b>No</b>		33. IF YES, WERE FINDINGS DISCLOSED IN OBTAINING CAUSE OF DEATH? (SPECIFY YES OR NO)	
	33. SPECIFY INCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE, BUILDING, FREIGHT, HIGHWAY, STREET)		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH, DAY, YEAR		36b. HOUR			
<b>INJURY INFORMATION</b>	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (SEE 19) MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)			
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)											
<b>STATE REGISTRAR</b>	A.	B.	C.	D.	E.	F.	5932					

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.  
S. Kimberly Beishé, Director and State Registrar of Vital Records and Statistics  
by: *Michael Davis*  
MICHAEL DAVIS, CHIEF  
OFFICE OF VITAL RECORDS AND STATISTICS  
DATE **SEP 13 1995**

107317



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES

74-066667

CERTIFICATE OF DEATH

3801

3220

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME Albert			1b. MIDDLE NAME Clarence			1c. LAST NAME Freese			2a. DATE OF DEATH—MONTH, DAY, YEAR May 16, 1974			2b. HOUR 8:05 P		
	3. SEX Male	4. COLOR OR RACE White		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California			6. DATE OF BIRTH Nov. 5, 1898			7. AGE (LAST BIRTHDAY) 75 YEARS			IF UNDER 1 YEAR 5-YEAR 1-YEAR	IF UNDER 24 HOURS 1-HOUR 15-MIN	
	8. NAME AND BIRTHPLACE OF FATHER Andrew C. Freese Denmark						9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Katherine Evans Louisiana								
	10. CITIZEN OF WHAT COUNTRY U.S.A.			11. SOCIAL SECURITY NUMBER 546-09-1362A			12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married			13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Norma E. James					
PLACE OF DEATH	14. LAST OCCUPATION Engineer			15. NUMBER OF YEARS IN THIS OCCUPATION 35		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) State of California			17. KIND OF INDUSTRY OR BUSINESS Dept. of Port Authority						
	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Franklin Hospital						18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) Castro & DuBoce Ave.						18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes		
	18d. CITY OR TOWN San Francisco			18e. COUNTY San Francisco			18f. LENGTH OF STAY IN COUNTY OF DEATH life YEARS			18g. LENGTH OF STAY IN CALIFORNIA life YEARS					
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1789 - 27th Avenue						19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes			20. NAME AND MAILING ADDRESS OF INFORMANT Norma E. Freese (wife) 1789 - 27th Avenue S.F. 9412 Cal.					
	19c. CITY OR TOWN San Francisco			19d. COUNTY San Francisco			19e. STATE California								
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.			21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM [ ] TO [ ] AND [ ] TO [ ]			21c. PHYSICIAN OR CORONER—(SIGNATURE AND DEGREE OR TITLE) Thomas J. Lawler			21d. DATE SIGNED 18 May '74			21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER A-07045		
	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial			22b. DATE 5/20/74			22c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery			24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER Angelo Miller 5788					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Duggan's Funeral Service						26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) no			27. LOCAL REGISTRAR—SIGNATURE Francis J. Curry, M.D.			28. DATE RECEIVED FOR REGISTRATION—LOCAL REGISTRAR May 20, 1974		
	MEDICAL AND HEALTH DATA	29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.													
(A) Cerebral Edema															
(B) Uremia															
(C) Renal Failure															
INJURY INFORMATION	30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. Myocardial infarction														
	33. SPECIFY IDENT, SUICIDE OR HOMICIDE			34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)			35. INJURY AT WORK (SPECIFY YES OR NO)			36a. DATE OF INJURY—MONTH, DAY, YEAR			36b. HOUR		
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)						37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19, MILES			38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)			39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)		
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)														
STATE REGISTRAR	A. /	B. +	C. 2	D.	E. 5932	F.									

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records and Statistics.

S. Kimberly Belshé, Director and State Registrar of Vital Records and Statistics

by: Michael Davis  
MICHAEL DAVIS, CHIEF  
OFFICE OF VITAL RECORDS AND STATISTICS

DATE SIGNED 18 1995

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107317



STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
VITAL STATISTICS BRANCH

FREESE

ALBERT

CLARENCE

EVENT: D

RECEIPT NO: 567772

AMOUNT: 9.00

POSTAGE:

DATE: 95/07/27

ELEANOR EVANS BORKENHAGEN  
623 13TH ST.  
HUNTINGTON BEACH, CA 92648

THIS IS NOT A BILL

REQUESTS FOR TWO OR MORE DIFFERENT CERTIFICATES ARE RECEIPTED AND  
MAILED SEPARATELY.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES

74-066667

CERTIFICATE OF DEATH

3801

3220

STATE OF CALIFORNIA-DEPARTMENT OF HEALTH LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a. NAME OF DECEASED—FIRST NAME <b>Albert</b>			1b. MIDDLE NAME <b>Clarence</b>			1c. LAST NAME <b>Freese</b>			2a. DATE OF DEATH—MONTH DAY YEAR <b>May 16, 1974</b>			2b. HOUR <b>8:05 P M</b>					
3. SEX <b>Male</b>		4. COLOR OR RACE <b>White</b>		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>California</b>			6. DATE OF BIRTH <b>Nov. 5, 1898</b>			7. AGE LAST BIRTHDAY <b>75</b>			IF UNDER 1 YEAR DATE YEAR		IF UNDER 24 HOURS DATE HOUR		
8. NAME AND BIRTHPLACE OF FATHER <b>Andrew C. Freese Denmark</b>						9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Katherine Evans Louisiana</b>											
10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			11. SOCIAL SECURITY NUMBER <b>546-09-1362A</b>			12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>			13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Norma E. James</b>								
14. LAST OCCUPATION <b>Engineer</b>			15. NUMBER OF YEARS IN THIS OCCUPATION <b>35</b>			16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>State of California</b>			17. KIND OF INDUSTRY OR BUSINESS <b>Dept. of Port Authority</b>								
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>Franklin Hospital</b>						18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>Castro &amp; Duane Ave.</b>						18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>yes</b>					
18d. CITY OR TOWN <b>San Francisco</b>						18e. COUNTY <b>San Francisco</b>			18f. LENGTH OF STAY IN COUNTY OF DEATH <b>life</b>			18g. LENGTH OF STAY IN CALIFORNIA <b>life</b>					
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1789 - 27th Avenue</b>						19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>yes</b>			20. NAME AND MAILING ADDRESS OF INFORMANT <b>Norma E. Freese (wife) 1789 - 27th Avenue S.F. 94122 Cal.</b>								
19c. CITY OR TOWN <b>San Francisco</b>						19d. COUNTY <b>San Francisco</b>			19e. STATE <b>California</b>								
21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW AND INVESTIGATION OF INQUEST.				21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM [ ] TO [ ] AND [ ] LAST DAY OF THE YEAR [ ] TO [ ] LAST DAY OF THE YEAR [ ]				21c. PHYSICIAN OR CORONER—(PRINT NAME AND RESIDE IN TITLE) <b>Thomas J. Lawler</b>				21d. DATE SIGNED <b>18 May 74</b>					
21e. ADDRESS <b>1660 Market St</b>				21f. LICENSE NO. (COUNTY LICENSE NUMBER) <b>A-07045</b>													
22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Burial</b>			22b. DATE <b>5/20/74</b>			22c. NAME OF CEMETERY OR CREMATORY <b>Holy Cross Cemetery</b>			22d. EMBALMER—SIGNATURE (IF BODY EMBALMED)—LICENSE NUMBER <b>Angelo Miller 5788</b>								
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Duggan's Funeral Service</b>						26. IF NOT CERTIFIED BY CORONER, HAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) <b>No</b>			27. LOCAL REGISTRAR—SIGNATURE <b>J. Oscar J. Curry, M.D.</b>			28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR <b>May 20, 1974</b>					
29. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
(A) <b>Cerebral Edema</b>												3 days					
(B) <b>Uremia</b>												1 wk					
(C) <b>Renal Failure</b>												2 wks					
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I <b>Myocardial insufficiency</b>												31. WAS OPERATION OF L-LUMP PERFORMED FOR ANY CONDITION IN ITEMS 28 OR 30? (SPECIFY OPERATION AND OR BODY) <b>No</b>		32a. AUTOPSY—SPECIFY YES OR NO <b>No</b>		32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)	
33. SPECIFY INCIDENT—SUICIDE OR HOMICIDE			34. PLACE OF INJURY (SPECIFY HOME, FARM, OFFICE, PUBLIC PLACE, STREET)			35. INJURY AT WORK (SPECIFY YES OR NO)			36a. DATE OF INJURY—MONTH DAY YEAR			36b. HOUR					
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)						37b. DISTANCE FROM PLACE OF INJURY TO MEDICAL RESIDENCE (SEE 35) MILES			38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)			39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)					
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)																	
STATE REGISTRAR		A		B		C		D		E		F					
		/		X		2				5932							

464889

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

S. Kimberly Belshé, Director and State Registrar of Vital Records by:

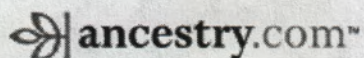
*Peter Abbott*  
GEORGE B. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF ACTING STATE REGISTRAR

DATE ISSUED

98 MAR 20 PM 4: 22

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## Social Security Death Index

Name:	<b>Albert Freese</b>
SSN:	546-09-1362
Last Residence:	94122 San Francisco, San Francisco, California, United States of America
Born:	5 Nov 1898
Died:	May 1974
State (Year) SSN issued:	California (Before 1951)

**Source Citation:** Number: 546-09-1362; Issue State: California; Issue Date: Before 1951.

**Source Information:**

Ancestry.com. *Social Security Death Index* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2011.  
Original data: Social Security Administration. *Social Security Death Index, Master File*. Social Security Administration.

**Description:**

The Social Security Administration Death Master File contains information on millions of deceased individuals with United States social security numbers whose deaths were reported to the Social Security Administration. Birth years for the individuals listed range from 1875 to last year. Information in these records includes name, birth date, death date, and last known residence.

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State - California  
County - San Francisco  
Township or other division of county - San Francisco

Incorporated place - San Francisco  
Ward of city - 1st District  
Block No. - 254

DEPARTMENT OF COMMERCE - BUREAU OF THE CENSUS  
FIFTEENTH CENSUS OF THE UNITED STATES: 1930  
POPULATION SCHEDULE

Enumeration District No. 38-76  
Supervisor's District No. 4699  
Date - April 15, 1930

PLACE OF BIRTH	NAME	RELATION	HOME DATA	PERSONAL DESCRIPTION	EDUCATION	PLACE OF BIRTH			MOTHER TONGUE OR NATIVE LANGUAGE OF FOREIGN BORN	CITIZENSHIP, ETC.	OCCUPATION AND INDUSTRY		EMPLOYED	STATUS	
						PARENTS	OTHER	OTHER			OCCUPATION	INDUSTRY			CODE
1	Brauschwitz	Head	R 35-00	M 36 M 36	9	California	Germany	Germany	28-13-A	U	Farmer	City	8893	U	71
2	...	...	...	...	...	California	California	California	28-13-A	U	None	None			72
3	...	...	...	...	...	California	California	California	28-13-A	U	None	None			73
4	...	...	...	...	...	California	California	California	28-13-A	U	None	None			74
5	...	...	...	...	...	California	California	California	28-13-A	U	None	None			75
6	...	...	...	...	...	California	California	California	28-13-A	U	None	None			76
7	...	...	...	...	...	California	California	California	28-13-A	U	None	None			77
8	...	...	...	...	...	California	California	California	28-13-A	U	None	None			78
9	...	...	...	...	...	California	California	California	28-13-A	U	None	None			79
10	...	...	...	...	...	California	California	California	28-13-A	U	None	None			80
11	...	...	...	...	...	California	California	California	28-13-A	U	None	None			81
12	...	...	...	...	...	California	California	California	28-13-A	U	None	None			82
13	...	...	...	...	...	California	California	California	28-13-A	U	None	None			83
14	...	...	...	...	...	California	California	California	28-13-A	U	None	None			84
15	...	...	...	...	...	California	California	California	28-13-A	U	None	None			85
16	...	...	...	...	...	California	California	California	28-13-A	U	None	None			86
17	...	...	...	...	...	California	California	California	28-13-A	U	None	None			87
18	...	...	...	...	...	California	California	California	28-13-A	U	None	None			88
19	...	...	...	...	...	California	California	California	28-13-A	U	None	None			89
20	...	...	...	...	...	California	California	California	28-13-A	U	None	None			90
21	...	...	...	...	...	California	California	California	28-13-A	U	None	None			91
22	...	...	...	...	...	California	California	California	28-13-A	U	None	None			92
23	...	...	...	...	...	California	California	California	28-13-A	U	None	None			93
24	...	...	...	...	...	California	California	California	28-13-A	U	None	None			94
25	...	...	...	...	...	California	California	California	28-13-A	U	None	None			95
26	...	...	...	...	...	California	California	California	28-13-A	U	None	None			96
27	...	...	...	...	...	California	California	California	28-13-A	U	None	None			97
28	...	...	...	...	...	California	California	California	28-13-A	U	None	None			98
29	...	...	...	...	...	California	California	California	28-13-A	U	None	None			99
30	...	...	...	...	...	California	California	California	28-13-A	U	None	None			100

ABBREVIATIONS TO BE USED IN COLUMNS INDICATED: ...  
EXTRAS ARE REQUIRED IN THE SEVERAL COLUMNS AS FOLLOWS: ...

Driver - hardware

Family Group Record

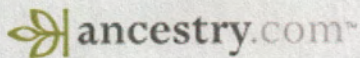
Mon, Aug 19, 2002

Page 1

Husband: Albert Clarence FREESE	
Born: 5 Nov 1898	Place: San Francisco, CA
Chr.:	Place:
Died: 16 May 1974	Place: San Francisco, CA
Bur.: 20 May 1974	Place: Evans-Freese, Holy Cross Cem., Colma, CA
Marr:	Place:
Father: Andrew Christian FREESE	Mother: Catherine M. EVANS
Wife: Norma E. JAMES	
Born:	Place:
Chr.:	Place:
Died:	Place:
Bur.:	Place:
Father: unknown JAMES	Mother:
Sex Children	List each child (living or dead)
M/F	in order of birth
1. Name: George D. FREESE	Spouse: Anna RAMPONE
M Born:	Place:
Chr.:	Place:
Died:	Place:
Bur.:	Place:
Marr:	Place:
2. Name:	Spouse:
Born:	Place:
Chr.:	Place:
Died:	Place:
Bur.:	Place:
Marr:	Place:
3. Name:	Spouse:
Born:	Place:
Chr.:	Place:
Died:	Place:
Bur.:	Place:
Marr:	Place:
4. Name:	Spouse:
Born:	Place:
Chr.:	Place:
Died:	Place:
Bur.:	Place:
Marr:	Place:
5. Name:	Spouse:
Born:	Place:
Chr.:	Place:
Died:	Place:
Bur.:	Place:
Marr:	Place:

Name and Address of Submitter:  
 Eleanor Marie Evans Borkenhagen  
 623 - 13th Street  
 Huntington Beach CA 92648  
 (714) 536-8523  
 Phone:

Relation no. 237769	NAME FREESE	Sec. D	Row 6	Area 2	Plot 2	Grave 6
Vol. XIV	Albert Clarence	Stone Removed to		Date of Interment 5/20/74		
Date of Death 5/16/74	Date of Birth 11/5/1898	Place of Death				



## 1930 United States Federal Census

Name:	<b>Albert C Freese</b>	
Home in 1930:	<b>San Francisco, San Francisco, California</b>	
Age:	<b>31</b>	
Estimated Birth Year:	<b>abt 1899</b>	
Birthplace:	<b>California</b>	
Relation to Head of House:	<b>Head</b>	
Spouse's Name:	<b>Norma</b>	
Race:	<b>White</b>	
Household Members:	Name	Age
	<a href="#">Albert C Freese</a>	<b>31</b>
	<a href="#">Norma Freese</a>	<b>25</b>
	<a href="#">George E Freese</a>	<b>5</b>

**Source Citation:** Year: 1930; Census Place: *San Francisco, San Francisco, California*; Roll 197; Page: 19A; Enumeration District: 76; Image: 533.0.

**Source Information:**

Ancestry.com. *1930 United States Federal Census* [database on-line]. Provo, UT, USA: Ancestry.com Operations Inc, 2002. Original data: United States of America, Bureau of the Census. *Fifteenth Census of the United States, 1930*. Washington, D.C.: National Archives and Records Administration, 1930. T626, 2,667 rolls.

**Description:**

Containing records for approximately 123 million Americans, the 1930 United States Federal Census is the largest census released to date and is the most recent census available for public access. The census gives us a glimpse into the lives of Americans in 1930, and contains information about a household's family members and occupants including: birthplaces, occupations, immigration, citizenship, and military service. The names of those listed in the census are linked to actual images of the 1930 Census.

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