

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

PLACE OF DEATH

County of Los Angeles

Town of Los Angeles

City of Los Angeles
(No. 1951 Loti Ave Street; _____ Ward)

(If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information.")

Full Name Anton Buchler

CALIFORNIA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL

CERTIFICATE OF DEATH

9-019901

State Index No. 240 377

Local Registered No. 2710

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

LENGTH OF RESIDENCE 3 years, _____ months.
At Place of Death
28 years, _____ months.
In California

SEX Male COLOR OR RACE White

DATE OF BIRTH May 4, 1840
(Month) (Day) (Year)

AGE 69 years, 3 months, 19 days

SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced

BIRTHPLACE Germany
(State or Country)

OCCUPATION Gardener

NAME OF FATHER unknown

BIRTHPLACE OF FATHER _____
(State or Country)

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER _____
(State or Country)

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Fredrica Rieder
(Address) Los Angeles

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 23, 1909
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Aug. 7th, 1909, to Aug. 23, 1909; that I last saw him alive on Aug. 21, 1909; and that death occurred on the date stated above, at 4 o'clock P.M.

The CAUSE OF DEATH was as follows:
Artificial Sclerosis
(duration) 90 days.

Contributory _____ (duration) _____ days.
(Signed) A. J. Rowley, M. D.
Aug. 23, 1909. (Address) 411 Grove Pl.

SPECIAL INFORMATION ONLY FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS.
Former or Usual Residence _____ How long at Place of Death? _____
Where was disease contracted, if not at place of death? _____

PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL Aug 25, 1909
UNDERTAKER PIERCE BROS. & CO. ADDRESS _____

FILED AUG 24 1909
L. M. Powell

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



MICHAEL L. RODRIAN
STATE REGISTRAR OF VITAL RECORDS

02 AUG -9 AM 9:24
DATE ISSUED



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This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.