

1 PLACE OF DEATH. DIST. No. (To be inserted by Registrar)

California State Board of Health
BUREAU OF VITAL STATISTICS

State Index No. _____

County of LOS ANGELES

STANDARD CERTIFICATE OF DEATH

Local Registered No. 3001

City of LOS ANGELES

District _____

(No. 1951 Raymond St.; _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number and fill out Nos. 18a and 18b.]

2 FULL NAME Frieda Reider

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word) Single

10 DATE OF DEATH April 8 1919
(Month) (Day) (Year)

6 HUSBAND OF _____

17 I HEREBY CERTIFY, That I attended deceased from Mar 15 1919, to Apr 8 1919

7 WIFE OF _____

that I last saw her alive on Apr 7 1919

9 DATE OF BIRTH October 1886
(Month) (Day) (Year)

and that death occurred on the date stated above at 11³⁰ m.
The CAUSE OF DEATH * was as follows:

8 AGE 32 years 5 months - days or _____ min.
If LESS than 1 day, _____ hrs.

Pulmonary and Laryngeal Tuberculosis

11 OCCUPATION (a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____

(Duration) _____ years _____ months _____ days

12 BIRTHPLACE (State or country) New Jersey

Contributory _____

13 NAME OF FATHER Jerome Reider

(Duration) _____ years _____ months _____ days

14 BIRTHPLACE OF FATHER (State or country) Penn.

State whether attributed to dangerous or insanitary conditions of employment _____

15 MAIDEN NAME OF MOTHER -

(Signed) J. H. Seymour M. D.

16 BIRTHPLACE OF MOTHER (State or country) -

Apr 9 1919 (Address) 112 Brodman Bldg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (probably) ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18a LENGTH OF RESIDENCE _____ years _____ months _____ days

18b SPECIAL INFORMATION for Hospitals, Institutions, Transients or Recent Residents

At Place of Death _____ years _____ months _____ days (Primary registration district)

Where was disease contracted, if not at place of death? _____

In California _____ years _____ months _____ days

Former or usual residence _____ City _____ State _____

19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

20 PLACE OF BURIAL OR REMOVAL Calvary Cem. DATE OF BURIAL Apr 11 1919

(Informant) Mary Reider
(Address) 1951 Raymond

21 UNDERTAKER Robert Sharp, Son EMBALMER'S LICENSE No. 1007

22 Filed _____ 1919 L. M. POWERS, M. D. Subregistrar

23 Filed Apr 11 1919 J. H. Seymour Registrar or Deputy

ADDRESS _____