

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD.
Read Instructions on Back
VITAL STATISTICS

1. FULL NAME **LILLIE WINZER BECKENBACH**

2. PLACE OF DEATH: (A) COUNTY **Los Angeles**
(B) CITY OR TOWN **Hollywood**
(C) NAME OF HOSPITAL OR INSTITUTION **Nightengale San.
5828 Sunset Blvd.**
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION
(D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)
IN HOSPITAL OR INSTITUTION **60-Dys**
IN THIS COMMUNITY **20-Yrs** IN CALIFORNIA **20-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
Albert Beckenbach6. (C) AGE OF HUSBAND OR WIFE IF ALIVE

YEARS7. BIRTHDATE OF DECEASED **February 2, 1867**8. AGE **81** YRS **5** MOS **22** DAYS IF LESS THAN ONE DAY OLD9. BIRTHPLACE **Cleveland, Ohio.**10. USUAL OCCUPATION **Housewife**11. INDUSTRY OR BUSINESS **None**12. NAME **Joseph Winzer**13. BIRTHPLACE **Unk. Germany**14. MAIDEN NAME **Christiana Ganas**15. BIRTHPLACE **Unk. Germany**16. (A) DECEASED **Dea. Mrs. Ruby (Dick) Denape**16. (B) ADDRESS **11024 Kling St. No. Hollywood, Calif.**17. (A) **Gramation** (B) DATE **July 28, 1948**(C) PLACE **Graves View Cem. Glendale, Calif.**18. (A) EMBALMER'S SIGNATURE **James Miller** LICENSE NO. **1861**(B) FUNERAL DIRECTOR **VERNON E. STEEN****11305 Magnolia Blvd. No. Hollywood, Calif.**By **James Miller****JUL 27 1948**19. (A) DATE FILED (B) **James Miller**

REGISTRAR

DEPUTY REGISTRAR

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTHDISTRICT NO. **1901**REGISTRAR'S NO. **12275**

3. USUAL RESIDENCE OF DECEASED:

(A) STATE **Calif.**(B) COUNTY **Los Angeles**(C) CITY OR TOWN **Hollywood**

IF OUTSIDE CITY OR TOWN LIMITS, GIVE RURAL

(D) STREET NO. **1724 No. Edgemont St.**20. DATE OF DEATH, MONTH **July** DAY **24**
YEAR **1948** HOUR **6:40 P.M.**

21. MEDICAL CERTIFICATE

I HEREBY CERTIFY THAT I ATTENDED

FROM **March 9, 1948**TO **July 24, 1948**THAT I LAST SAW HIM **AT** ALIVEON **July 25, 1948**

AND THAT DEATH OCCURRED ON THE DATE

AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH **Uremia**

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

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? SPECIFY TYPE OF PLACE WHILE AT WORK?
(E) MEANS OF INJURY

24. REGISTERED
PHYSICIAN'S SIGNATURE **A. Parker Smith M/D**
4521 (17th) Dolanspre Ave. Hollywood, (27) Calif. DATE **7/26/48**

CERTIFICATE OF DEATH

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