

California State Board of Health

BUREAU OF VITAL STATISTICS

State Index No. \_\_\_\_\_

1 PLACE OF DEATH

County of LOS ANGELES

STANDARD CERTIFICATE OF DEATH

Local Registered No. 1419

City of LOS ANGELES

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

District of \_\_\_\_\_

(No. 1951 - Raymond St.; \_\_\_\_\_ Ward)

2 FULL NAME Jerome Henry Reider

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE Cauc 5 Single Married Widowed or Divorced widowed  
(Write the word)

10 DATE OF DEATH Mar - 5 - 1918  
(Month) (Day) (Year)

6a HUSBAND OF \_\_\_\_\_

11 I HEREBY CERTIFY, That I attended deceased from

6b WIFE OF \_\_\_\_\_

Apr 1916, to Mar 5 1918

6 DATE OF BIRTH Oct - 10 - 1855  
(Month) (Day) (Year)

that I last saw him alive on Feb 24 1918

7 AGE 62 years 4 months 26 days or \_\_\_\_\_ min.  
If LESS than 1 day, \_\_\_\_\_ hrs.

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

8 OCCUPATION (a) Trade, profession, or particular kind of work Barber  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Pulmonary Tuberculosis

9 BIRTHPLACE (State or country) \_\_\_\_\_

10 NAME OF FATHER Jerome Reider

(Duration) 25 years \_\_\_\_\_ months \_\_\_\_\_ days

11 BIRTHPLACE OF FATHER (State or country) Germany

Contributory \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Unknown

(Duration) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

13 BIRTHPLACE OF MOTHER (State or country) U

State whether attributed to dangerous or insanitary conditions of employment \_\_\_\_\_

18a LENGTH OF RESIDENCE

(Signed) U.S. Miller M. D.  
3/7 1918. (Address) 1015 Investment Bldg

At Place of Death 8 years \_\_\_\_\_ months \_\_\_\_\_ days  
(Primary registration district)

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

In California 8 years \_\_\_\_\_ months \_\_\_\_\_ days

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary Reider

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

(Address) 1951 - Raymond

Former or usual residence \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

15 Filed \_\_\_\_\_ 1918

19 PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL Mar - 8 - 1918

Filed Mar 7 1918

20 UNDERTAKER Robert Sharp & Son Co EMBALMER'S LICENSE NO. 1014

L. M. POWERS, Registrar or Deputy  
By J. H. [Signature] Deputy

ADDRESS \_\_\_\_\_