

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

County of San Bernardino
Auditor/Controller-Recorder, County Clerk
www.sbcounty.gov/acr

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600 01084

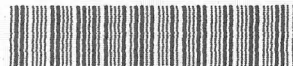
STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
1A. NAME OF DECEDENT—FIRST Joseph		1B. MIDDLE A.	1C. LAST Reider		2A. DATE OF DEATH (MONTH, DAY, YEAR) February 15, 1982	2B. HOUR 1842	
3. SEX Male	4. RACE Caucasian	5. ETHNICITY American	6. DATE OF BIRTH October 25, 1903		7. AGE 78 YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) New Jersey		9. NAME AND BIRTHPLACE OF FATHER Jerome Reider Una		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Fredericka Buhla Una			
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 563-66-2551	13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Bernice James		
15. PRIMARY OCCUPATION Lineman		16. NUMBER OF YEARS THIS OCCUPATION 34	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Metropolitan Water District		18. KIND OF INDUSTRY OR BUSINESS Public Utility		
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 31529 Florida Street			19B. 0850	19C. CITY OR TOWN Redlands			
19D. COUNTY San Bernardino		19E. STATE California	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Bernice Reider Wife				
21A. PLACE OF DEATH Redlands Community Hospital		21B. COUNTY San Bernardino	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 31529 Florida Street				
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 350 Terracina Boulevard		21D. CITY OR TOWN Redlands	21E. STATE AND ZIP CODE Redlands, California 92373				
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardiac Arrest minutes CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease years (C) _____							
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH Carcinoma of lungs and colon							
24. WAS DEATH REPORTED TO CORONER? yes			25. WAS BIOPSY PERFORMED? no		26. WAS AUTOPSY PERFORMED? no		
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION lung removal			DATE 1973				
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE George H. [Signature]		28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER		
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	32A. DATE OF INJURY—MONTH DAY YEAR	32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVIGATION) INVESTIGATION			35B. CORONER—SIGNATURE AND DEGREE OR TITLE George H. [Signature]		35C. DATE SIGNED 2-17-82		
36. DISPOSITION Cremation	37. DATE—MONTH, DAY, YEAR Feb 19, 1982	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Desert Lawn Park, Calimesa, California		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE not embalmed			
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Emmerson Bartlett Redlands 699		41. LOCAL REGISTRAR—SIGNATURE L. E. Mahoney [Signature]		42. DATE ACCEPTED BY LOCAL REGISTRAR Feb. 18, 1982			
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Auditor/Controller-Recorder, County of San Bernardino.

DATE ISSUED APR 28 2004

Larry Walker
LARRY WALKER
Auditor/Controller-Recorder, County Clerk
San Bernardino County, California

This copy not valid unless prepared on engraved border displaying date, seal and signature of the Auditor/Controller-Recorder.



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

