STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

STATE FILE NO. 53-011823

CERTIFICATE OF DEATH D13 4

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. 3801 REGISTRAR'S NUMBER 756

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)

1a NAME OF DECEASED—FIRST NAME: THOMAS
1b MIDDLE NAME: GERALD
1c LAST NAME: DEVINE
2a DATE OF DEATH—MONTH, DAY, YEAR: JANUARY 19, 1953
2b HOUR: 1:45 P.M.

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. MARITAL STATUS (WHETHER MARRIED, WIDOWED, DIVORCED OR NEVER MARRIED): MARRIED
6. DATE OF BIRTH: JULY 12, 1867
7. AGE (LAST BIRTHDAY): 85 YEARS — IF UNDER 1 YEAR: MONTHS, DAYS — IF UNDER 24 HOURS: HOURS, MINUTES

8a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): LABORER
8b. KIND OF BUSINESS OR INDUSTRY: VARIOUS
9. BIRTHPLACE (STATE OR FOREIGN COUNTRY): AUSTRALIA
10. CITIZEN OF WHAT COUNTRY: AUSTRALIA

11. NAME AND BIRTHPLACE OF FATHER: MICHAEL DEVINE IRELAND
12. MAIDEN NAME AND BIRTHPLACE OF MOTHER: MARY HASSETT IRELAND
13. NAME OF PRESENT SPOUSE (IF MARRIED): TERESA DEVINE

14. WAS DECEASED EVER IN U. S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN: No — IF YES, GIVE WAR OR DATES OF SERVICE: None
15. SOCIAL SECURITY NUMBER: Unknown
16. INFORMANT: LAGUNA HONDA HOME

PLACE OF DEATH

17a. COUNTY: San Francisco
17b. CITY OR TOWN: San Francisco (☒ INSIDE CORPORATE LIMITS)
17c. LENGTH OF STAY IN THIS CITY OR TOWN: 46 YEARS

17d. FULL NAME OF HOSPITAL OR INSTITUTION: LAGUNA HONDA HOME
17e. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS): 7TH AVENUE AND DEWEY BLVD.

LAST USUAL RESIDENCE (WHERE DECEASED LIVED; IF INSTITUTION, RESIDENCE BEFORE ADMISSION)

18A. STATE: CALIFORNIA
18B. COUNTY: SAN FRANCISCO
18C. CITY OR TOWN: SAN FRANCISCO (☒ INSIDE CORPORATE LIMITS)
18D. STREET OR RURAL ADDRESS (DO NOT USE P.O. BOX NUMBERS): 675 HOWARD STREET

PHYSICIAN'S OR CORONER'S CERTIFICATION

19A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE MADE AN _____ (INVESTIGATION / AUTOPSY / INQUEST) ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.
19B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, THE CAUSES STATED BELOW, AND THAT I ATTENDED THE DECEASED FROM SEPTEMBER 29, 1944 TO JAN. 19, 1953 AND THAT I LAST SAW THE DECEASED ALIVE ON JAN. 19, 1953
19C. SIGNATURE: H. V. Costantini
DEGREE OR TITLE: M.D.
19D. ADDRESS: Laguna Honda Home, S.F.
19E. DATE SIGNED: Jan 19, 1953

FUNERAL DIRECTOR AND REGISTRAR

20A. SPECIFY BURIAL, CREMATION OR REMOVAL: Burial
20B. DATE: Jan 29, 53
20C. CEMETERY OR CREMATORY: Holy Cross Cemetery
21. SIGNATURE OF EMBALMER (IF BODY EMBALMED): R. E. Ventura — LICENSE NUMBER: 3783
22. FUNERAL DIRECTOR: College Chapel Mortuary
23. DATE RECEIVED BY LOCAL REGISTRAR: JAN 29 1953
24. SIGNATURE OF LOCAL REGISTRAR: Ellis [illegible]

MEDICAL AND HEALTH DATA

CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)) — 491

THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH

25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A): Bronchopneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST
DUE TO (B):
DUE TO (C):

OTHER SIGNIFICANT CONDITIONS

26. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Generalized Arteriosclerosis - Osteoarthritis — 354.3 491X

OPERATIONS

27A. DATE OF OPERATION:
27B. MAJOR FINDINGS OF OPERATION:
28. AUTOPSY: ☐ YES ☒ NO

DEATH DUE TO EXTERNAL VIOLENCE

29A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
29B. PLACE OF INJURY (E.G. HOME, FARM, FACTORY, STREET, OFFICE BUILDING):
29C. LOCATION — CITY OR TOWN — COUNTY — STATE:
29D. TIME OF INJURY — MONTH DAY YEAR HOUR M:
29E. INJURY OCCURRED: ☐ WHILE AT WORK ☐ NOT WHILE AT WORK
29F. HOW DID INJURY OCCUR?

REV. 1-1-52 FORM 804-11

NOT A VALID DOCUMENT
NOT ACCEPTABLE AS IDENTITY

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

Teresita Trinidad
TERESITA TRINIDAD
STATE REGISTRAR OF VITAL RECORDS

08 NOV 10 AM 8:35
DATE ISSUED

I00205493

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THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

CDPH PublicHealth