

CERTIFICATE OF DEATH

3801

1781

STATE FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
DECEDENT PERSONAL DATA	1A. NAME OF DECEASED—FIRST NAME	1B. MIDDLE NAME	1C. LAST NAME		2A. DATE OF DEATH—MONTH, DAY, YEAR		2B. HOUR			
	ANNA	D.	HORMAY		March 9, 1973		1:00 A. M.			
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR		IF UNDER 24 HOURS	
	Female	White	Hungary		October 11, 1880	92 YEARS				
	8. NAME AND BIRTHPLACE OF FATHER			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER						
	Samuel Darida - Hungary			Elizabeth Opowsky - Hungary						
	10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)			
U.S.A.		561-82-0412		Widowed						
14. LAST OCCUPATION		15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)			17. KIND OF INDUSTRY OR BUSINESS				
Housewife		66								
PLACE OF DEATH	18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY				18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)		18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)			
					101 Acadia Street		Yes			
	18D. CITY OR TOWN		18E. COUNTY		18F. LENGTH OF STAY IN COUNTY OF DEATH		18G. LENGTH OF STAY IN CALIFORNIA			
San Francisco		San Francisco		68 YEARS		68 YEARS				
USUAL RESIDENCE IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		20. NAME AND MAILING ADDRESS OF INFORMANT			
	101 Acadia Street				Yes		Mr. August L. Hormay			
	19C. CITY OR TOWN		19D. COUNTY		19E. STATE		101 Acadia Street San Francisco, CA 94131			
San Francisco		San Francisco		California						
PHYSICIAN'S OR CORONER'S CERTIFICATION	21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW AND (INVESTIGATION OR INQUEST)		21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED: FROM TO AND I LAST SAW THE DECEASED ALIVE ON		21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE		21D. DATE SIGNED			
			Oct 15, 1972 to Mar 9, 1973		Robert S. Reiss, M.D. 3580 California St. San Francisco, CA 94118 Physician's California License Number 12772		Mar 9, 1973			
					21E. ADDRESS					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION		22B. DATE		23. NAME OF CEMETERY OR CREMATORY		24. LOCAL REGISTRAR—SIGNATURE (IF EMPLOYED) LICENSE NUMBER			
	Cremation		3/12/73		Olivet Mem. Pk., Colma, CA		Francis J. Curry, M.D. 2273			
	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)		27. LOCAL REGISTRAR—SIGNATURE		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR			
H. F. Suhr Co., Inc.		NO		Francis J. Curry, M.D.		MAR 9 '73				
CAUSE OF DEATH	29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (A)		Bacterial meningitis cerebrosus		Rb. lung		162.1			
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		(B) with benign metastases (liver, lung)		(C) Atherosclerotic heart disease					
30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.				31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY)		32A. AUTOPSY (SPECIFY YES OR NO)		32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)		
				No		No				
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36A. DATE OF INJURY—MONTH, DAY, YEAR		36B. HOUR	
	37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19.		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)			
		MILES								
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)										
STATE REGISTRAR	A.	B.	C.	D.	E.	F. 311				

REV. 1-1-68 FORM VS-11

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 11535

DATED: Mar. 16, 1973

SAN FRANCISCO, CALIFORNIA

Francis J. Curry, M.D.

FRANCIS J. CURRY, M. D.
DIRECTOR OF PUBLIC HEALTH
AND LOCAL REGISTRAR

HORMAY, Anna — In this city, March 9, 1973, Anna Hormay, dearly beloved wife of the late August L. Hormay; dear mother of August L. Hormay and Anna C. Bush; a native of Hungary; aged 92 years.

Friends may call at the Chapel of H. F. SUHR CO., 2919 Mission St. nr. 25th, on Saturday and Sunday, between the hours of 3 p.m. and 9 p.m. Inurnment private, Olivet Memorial Park.