

PLACE OF DEATH  
CITY OF LOS ANGELES  
COUNTY OF LOS ANGELES

California State Board of Health  
BUREAU OF VITAL STATISTICS

20-336170  
1000

STANDARD CERTIFICATE OF DEATH

State Index No. \_\_\_\_\_  
Local Registered No. 2531

FULL NAME *Miguel Salo*

PERSONAL AND STATISTICAL PARTICULARS  
SEX *Male* COLOR OF RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *(Write the word)* *Married*

HUSBAND or WIFE of *Cara Davila Salo*  
DATE OF BIRTH *Feb 4 1888*

AGE *76* years *8* months *—* days

OCCUPATION *Retired Banker*

BIRTHPLACE *Germany*  
BIRTHPLACE OF FATHER *Germany*

MOTHER'S NAME *Rosa Salo*  
BIRTHPLACE OF MOTHER *Germany*

LENGTH OF RESIDENCE  
At Place of Death *8* years *—* months *—* days  
In California *8* years *—* months *—* days

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
*Cara Davila Salo*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Oct 4 1962*  
I, *George* certify that I attended deceased from *Oct 4 1962* to *Oct 4 1962*

that I last saw him alive on *Oct 4* and that death occurred on the date stated above at *10:30* AM.

The Cause of Death was as follows:  
*Chronic Myocarditis*

Physician *George*  
Signature *George*

Where was disease contracted? *Not at place of death*  
Did an operation precede death? *No*  
Was there an autopsy? *No*

What last recorded diagnosis? *Physical Examination*  
*2. Acute Myocarditis*  
*Oct 4 1962*

PLACE OF BURIAL *Wakewood* DATE OF BURIAL *10/6/62*

*L. M. Powers*  
*872 S. Figueroa*

See instructions on back of certificate

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STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH

37-040380 0570

1. PLACE OF DEATH DIST. No. 1901

COUNTY OF Los Angeles  
CITY, TOWN OR RURAL DISTRICT OF Los Angeles

2. FULL NAME Ana L. de Lutz  
RESIDENCE No. 1200 West Adams Blvd.

STREET AND NO. 1200 West Adams Blvd.  
IF DECEASED IN A HOSPITAL OR SANITARIUM, GIVE THE NAME (ENTER IN ITEM 19)  
IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (MARK THE WORD) Widowed

22. DATE OF DEATH June 21 1937

6A. IF MARRIED, WIDOWED OR DIVORCED, NAME OF HUSBAND OR WIFE Miguel Lutz

23. MEDICAL CERTIFICATE OF DEATH  
I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM 6/16/37 TO 6/21/37  
THAT I LAST SAW HER ALIVE ON June 21, 1937 AND THAT DEATH OCCURRED IN THE ABOVE STATED DATE AT THE HOUR OF 1:30 P.M.

24. CORONER'S CERTIFICATE OF DEATH  
I HEREBY CERTIFY THAT I HAVE EXAMINED THE REMAINS DESCRIBED ABOVE, HELD

6. DATE OF BIRTH Unknown

7. OCCUPATION  
8. TRADE, PROFESSION OR KIND OF WORK DONE AS EMPLOYER, BARTER, BOOKKEEPER, ETC. Housewife  
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE AS EMPLOYEE (GIVE FULL NAME OF EMPLOYER) At home  
10. DATE OF DECEASED LAST MARRIED AT THIS OCCASION (GIVE DATE) None

25. THE PRINCIPAL CAUSES OF DEATH AND RELATED CAUSES OF IMPORTANCE, IN ORDER BY DATE OF ONSET WHEN AS FOLLOWS  
Stroke  
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE

12. BIRTHPLACE (CITY OR TOWN) Magdalena  
STATE OR COUNTRY San Antonio, Mexico

13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) Unknown  
STATE OR COUNTRY Unknown

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
STATE OR COUNTRY Unknown

17. PLACE OF BIRTH  
A. CITY, TOWN OR RURAL DISTRICT OF BIRTH 25  
B. IN CALIFORNIA 25  
C. IN U.S. IF NOT 25  
PORTION BORN IN

26. INFORMATION AS TO WHETHER AN AUTOPSY WAS MADE  
CONDITION FOR WHICH PERFORMED  
NAME (EXCERPT TEST) CONTAINING BUSINESS  
DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FALL IN THE FOLLOWING OR MURDER  
INJURED CITY OR TOWN AT  
COUNTRY AND STATE OF  
DID INJURY OCCUR IN HOME, INDUSTRY OR PUBLIC PLACE?  
NATURE OF INJURY  
DATE OF INJURY

18. INFORMANT SIGNATURE [Signature]  
ADDRESS 1200 West Adams Blvd.

19. BURIAL, CREMATION OR REMOVAL Entombment  
Place Inglewood Cemetery DATE 6/23/37

27. SIGNATURE [Signature]  
ADDRESS 2007 Wilshire Blvd.

20. EMERALGEM LICENSE NO. 1805  
SIGNATURE [Signature]  
FURNERAL DIRECTOR Cunningham & O'Connor  
ADDRESS 1051 So. Grand Ave.

21. FILED JUN 23 1937

28. WHEN REQUIRED BY LAW  
COUNTY OF