

STATE FILE NUMBER		CERTIFICATE OF DEATH STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
						21349		
DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME <b>JOE</b>		1b. MIDDLE NAME		1c. LAST NAME <b>KORDAN</b>		2a. DATE OF DEATH—MONTH, DAY, YEAR <b>NOV 1, 1960</b>	
	2b. HOUR <b>1:15 P.M.</b>		3. SEX <b>Male</b>		4. COLOR OR RACE <b>Cauc.</b>		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Russia</b>	
	6. DATE OF BIRTH <b>March 5, 1890</b>		7. AGE (LAST BIRTHDAY) <b>70</b> YEARS		IF UNDER 1 YEAR MONTHS    DAYS		IF UNDER 24 HOURS HOURS    MINUTES	
	8. NAME AND BIRTHPLACE OF FATHER <b>Harry Kordan-Russia</b>			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Sarah Kardausky-Russia</b>			10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
	11. SOCIAL SECURITY NUMBER <b>551-03-0329</b>		12. LAST OCCUPATION <b>Presser</b>		13. NUMBER OF YEARS IN THIS OCCUPATION <b>48</b>		14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE) <b>Garr Manufacturing Co.</b>	
15. KIND OF INDUSTRY OR BUSINESS <b>Ladies Garments</b>		16. IF DECEASED WAS EVER IN U. S. ARMED FORCES. GIVE WAR OR DATES OF SERVICE <b>No</b>		17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>		18a. NAME OF PRESENT SPOUSE <b>Dora Kordan</b>		
18b. PRESENT OR LAST OCCUPATION OF SPOUSE <b>Housewife</b>		19a. PLACE OF DEATH—NAME OF HOSPITAL		19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) <b>19800 Londelius St.</b>				
PLACE OF DEATH	19c. CITY OR TOWN <b>Northridge</b>		19d. COUNTY <b>Los Angeles</b>		19e. LENGTH OF STAY IN COUNTY OF DEATH <b>25</b> YEARS		19f. LENGTH OF STAY IN CALIFORNIA <b>25</b> YEARS	
	20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) <b>1036 Hill St.</b>		20b. IF INSIDE CITY CORPORATE LIMITS CHECK ONE <input checked="" type="checkbox"/> CHECK HERE <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM		21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE) <b>Dr. Bernard Kordan</b>		21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED) <b>2214 Panarama Terrace, L.A.</b>	
LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)	20c. CITY OR TOWN <b>Santa Monica</b>		20d. COUNTY <b>Los Angeles</b>		20e. STATE <b>California</b>		21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED) <b>2214 Panarama Terrace, L.A.</b>	
	22a. 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 <b>6/27/60</b> TO <b>11/1/60</b> AND THAT I LAST SAW THE DECEASED ALIVE ON <b>10/15/60</b>		22b. 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 AN INVESTIGATION, AUTOPSY, INQUIRY ON THE REMAINS OF DECEASED AS REQUIRED BY LAW		22c. PHYSICIAN OR CORONER—SIGNATURE <i>Frank H. White</i>		22d. ADDRESS <b>414 N. Caswell</b>	
PHYSICIAN'S OR CORONER'S CERTIFICATION	22e. DATE SIGNED <b>11/2/60</b>		23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Burial</b>		24. DATE <b>11-3-60</b>		25. NAME OF CEMETERY OR CREMATORY <b>Eden Memorial Park</b>	
	26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <i>Joseph H. White</i> <b>2788</b>		27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Malinow &amp; Silverman</b>		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR. <b>NOV 3 1960</b>		29. LOCAL REGISTRAR—SIGNATURE <i>George M. White, M.D.</i>	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	30. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>CARCINOMA OF LUNG</b>		31. OPERATION—CHECK ONE: <input checked="" type="checkbox"/> OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH <input type="checkbox"/> OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE: <input checked="" type="checkbox"/> AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH <input type="checkbox"/> AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	
	30. CAUSE OF DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)		34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34b. DESCRIBE HOW INJURY OCCURRED (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30)			
MEDICAL AND HEALTH DATA	35a. TIME OF INJURY HOUR    MONTH    DAY    YEAR M.		35b. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)		35d. CITY, TOWN, OR LOCATION    COUNTY    STATE	
	35a. TIME OF INJURY		35b. INJURY OCCURRED		35c. PLACE OF INJURY		35d. CITY, TOWN, OR LOCATION	