

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0190-059043

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR
John		H.	Ehn	December 26, 1981		1320
3. SEX	4. RACE	5. ETHNICITY	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR MONTHS DAYS
Male	White		September 15, 1897		84	YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)			9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Michigan			John Ehn-Sweden		Marie Ella Berg-Finland	
11. CITIZEN OF WHAT COUNTRY			12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
United States			263-16-3834		Married	
15. PRIMARY OCCUPATION			16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS
Owner-Manager			40	Self-Employed		Real Estate
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.		19C. CITY OR TOWN
7819 Arvilla Avenue						Sun Valley
19D. COUNTY			19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Los Angeles			California		Mary E. Ehn-Wife	
21A. PLACE OF DEATH			21B. COUNTY		7819 Arvilla Avenue	
St. Joseph's Medical Center			Los Angeles		Sun Valley, California 91352	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			21D. CITY OR TOWN			
501 S. Buena Vista			Burbank			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						
IMMEDIATE CAUSE						
(A) <i>Arteriosclerotic Cardiovascular Disease</i>						
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE ORDERLY CAUSE LAST.						
(B) _____						
(C) _____						
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		
<i>Fracture Left Hip.</i>				Open Reduction Internal Fixation		
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.)			I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.)			
			28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY		31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR
Accident			Home		NO	Nov. 20, 1981
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
7819 Arvilla Ave Sun Valley			Fall to Floor			
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 (EXAMINATION/INVESTIGATION)			35B. SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
			Walter H. Winston		12-26-81	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Burial		Dec. 31, 1981	Valhalla Memorial Park		#4350 James E. Austin	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Pierce Brothers Valhalla			F-916		DEC 29 1981	
STATE REGISTRAR	A.	B.	C.	D.	E.	F.

This is a true and certified copy of the record
if it bears the seal, imprinted in purple ink,
of the Registrar-Recorder.

SEP 6 1985

Chak Weir REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

