

Form 5

APR 14 1944 SAN JUAN COUNTY, County Recorder

DISTRICT NO. 1972 REGISTRAR'S NO. 29

1. FULL NAME OTTO CARL WITTNEBEL			2. PLACE OF DEATH: (A) COUNTY Los Angeles (B) CITY OR TOWN Redondo Rural (Lomita) 1-72 (C) NAME OF HOSPITAL OR INSTITUTION 25835 Eshelman Ave. (D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS) IN HOSPITAL OR INSTITUTION IN THIS COMMUNITY 3 mo. IN CALIFORNIA 3 mo. (E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. YEARS			3. USUAL RESIDENCE OF DECEASED (A) STATE California (B) COUNTY Los Angeles (C) CITY OR TOWN (Lomita) Redondo Rural 72 (D) STREET NO. 25835 Eshelman Ave.		
3. (E) IF VETERAN, NAME OF WAR none			3. (F) SOCIAL SECURITY NO. none			20. DATE OF DEATH: MONTH March DAY 1 YEAR 1944 HOUR 11 MINUTE 45 PM		
4. SEX Male		5. COLOR OR RACE cauc.		6. (A) SINGLE, MARRIED, WIDOWED OR married		21. MEDICAL CERTIFICATE I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED July 43 FROM Mar. 1 1944 TO Feb. 28 1944 THAT I LAST SAW HIM in ALIVE ON Feb. 28 1944 AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.		
6. (B) NAME OF HUSBAND OR WIFE Mary Wittnebel		6. (C) AGE OF HUSBAND OR WIFE IF ALIVE 70 YEARS		22. CORONER'S CERTIFICATE I HEREBY CERTIFY, THAT I HELD AN AUTOPSY, REQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE.			DURATION 10 y.	
7. BIRTHDATE OF DECEASED Aug. 7 1870			8. AGE 73 YRS. 6 MOS. 24 DAYS			IMMEDIATE CAUSE OF DEATH Myocarditis chronic		
9. BIRTHPLACE Iron Ridge, Wisconsin			10. USUAL OCCUPATION Farmer			DUE TO chronic		
11. INDUSTRY OR BUSINESS Own farm			12. NAME Henry Wittnebel			OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH) Cystitis		
13. BIRTHPLACE Unk. Germany			14. MAIDEN NAME Bertha Felk			MAJOR FINDINGS OF OPERATIONS		
15. BIRTHPLACE Unk. Germany			16. (A) INFORMANT Mrs. Mary Wittnebel			DATE OF OPERATION		
(B) ADDRESS 25835 Eshelman Ave. Lomita			17. (A) Burial (B) DATE 3/6/44			OF AUTOPSY None		
(C) PLACE Roosevelt Mem. Cemetery			18. (A) EMBALMER'S SIGNATURE C.G. Cartwright LICENSE NO. 2468			23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING: (A) ACCIDENT, SUICIDE, OR HOMICIDE? (B) DATE OF INJURY (C) WHERE DID INJURY OCCUR? CITY OR TOWN COUNTY STATE (D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? SPECIFY TYPE OF PLACE WHILE AT WORK? (E) MEANS OF INJURY		
(B) FUNERAL DIRECTOR A.M. Gamby			19. (A) Mar 6 1944 (B) H. O. Swartout M.D.			24. CORONER'S SIGNATURE G.E. Fuller M.D.		
ADDRESS Lomita, Cal.			BY Evabel Gamby			ADDRESS Lomita DATE 3/3/44		

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Read Instructions on Back

VITAL STATISTICS