

GEORGE J. CASTER Dec. 19, 1955 12:40a  
 Aug. 4, 1907 48  
 Machinist Aircraft  
 Ira B. Caster Catherine Corbett, Cal.  
 197-09-6747 Daisy J. Caster

DOA Seaside Memorial Hospital  
 Lakewood  
 4256 Marber Ave.  
 Sunnyside Mausoleum

STATE FILE NO. 55-101793		CERTIFICATE OF DEATH		REGISTRATION NO. 7052		RECORDING NO. 2476	
1. NAME OF DECEASED—FIRST MIDDLE, LAST NAME <b>CASTER</b>		2. SEX <b>J.</b>		3. LAST NAME <b>CASTER</b>		4. DATE OF BIRTH—MONTH, DAY, YEAR <b>Dec. 19 - 1907</b>	
5. RACE <b>White</b>		6. COLOR OR HAIR <b>White</b>		7. MARRIAGE STATUS <b>Married</b>		8. DATE OF DEATH <b>Aug. 4, 1957</b>	
9. OCCUPATION <b>Machinist</b>		10. PLACE OF BIRTH <b>Aircraft</b>		11. PLACE OF DEATH <b>California</b>		12. COUNTRY OF BIRTH <b>United States of America</b>	
13. NAME AND RESIDENCE OF FATHER <b>Ira B. Caster - unk.</b>		14. NAME AND RESIDENCE OF MOTHER <b>Catherine Corbett, Calif.</b>		15. NAME OF PRECEDING SPOUSE (if any) <b>Daisy J. Caster</b>			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b>		17. SOCIAL SECURITY NUMBER <b>197-09-6747</b>		18. INFORMANT <b>Daisy J. Caster</b>			
19. COUNTY <b>Los Angeles</b>		20. CITY OR TOWN <b>Long Beach</b>		21. LEADER OF DEATH AT THE CITY OR TOWN <b>4 hours</b>			
22. FULL NAME OF HOSPITAL OR INSTITUTION <b>DOA SEASIDE MEMORIAL HOSPITAL</b>		23. ADDRESS <b>1691 Chestnut Avenue</b>					
24. STATE <b>California</b>		25. COUNTY <b>Los Angeles</b>		26. CITY OR TOWN <b>Lakewood</b>		27. STREET OR ROAD ADDRESS <b>4256 Marber Avenue</b>	
28. PHYSICIAN'S CERTIFICATION <b>MISSY</b>		29. SIGNATURE <i>[Signature]</i>		30. ADDRESS <b>OFFICE OF THE ATTORNEY GENERAL, LOS ANGELES</b>		31. DATE <b>12-19-55</b>	
32. FUNERAL DIRECTOR AND REGISTRAR <b>PATTERSON &amp; SHIVELY</b>		33. DATE OF BURIAL <b>12-21-1955</b>		34. PLACE OF BURIAL <b>Sunnyside Mausoleum</b>		35. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	
36. CAUSE OF DEATH <b>4201</b>		37. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>CORONARY THROMBOSIS</b>		38. ANTECEDENT CAUSES <b>CARDIAC SCLEROTIC HEART DISEASE</b>		39. OTHER SIGNIFICANT CONDITIONS	
40. DATE OF OPERATION		41. MAJOR FEATURES OF OPERATIONS		42. OTHER SIGNIFICANT CONDITIONS			
43. TIME OF DEATH		44. PLACE OF DEATH		45. SIGNATURE OF DECEASED			