STATE FILE NO. 54 091697

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 0700 REGISTRAR'S NUMBER 1436

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)

1a. NAME OF DECEDENT: aka Russell RUSSELL	1b. MIDDLE NAME: Anthony ORMAND	1c. LAST NAME: Christopher CHRISTOPHER	1d. DATE OF DEATH: Dec. 5, 1954	2a. HOUR: 8:51 pm
3. SEX: male	4. COLOR OR RACE: white	5. SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED: Divorced	6. DATE OF BIRTH: Sept. 12, 1917	7. AGE: 37 YEARS
8a. KIND OF BUSINESS OR INDUSTRY: Ball Player-Ret.	8b. KIND OF BUSINESS OR INDUSTRY: Cleveland (Indians)	9. BIRTHPLACE: Richmond, Calif.	10. CITIZEN OF WHAT COUNTRY: U.S.A.	
11. NAME AND BIRTHPLACE OF FATHER: Frank T. Christopher - Wash.	12. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Adele Schultz - California	13. NAME OF PRESENT SPOUSE (IF MARRIED): none		
14. WAS DECEASED EVER IN U.S. ARMED FORCES: no	15. SOCIAL SECURITY NUMBER: 564-05-3183	16. INFORMANT: Loyd Christopher 747 Golden Gate Ave.		

410

PLACE OF DEATH

0708

17a. COUNTY: Contra Costa	17b. CITY OR TOWN: San Pablo	x	LENGTH OF STAY IN THIS CITY OR TOWN: Richmond most of his life
17c. FULL NAME OF HOSPITAL OR INSTITUTION: Brookside Hospital	17d. ADDRESS: Vale Road, San Pablo		

LAST USUAL RESIDENCE (CHECK DECEASED LIVED IN INSTITUTION RESIDENCE BEFORE ADMISSION)

18a. STATE: California	18b. COUNTY: Contra Costa	18c. CITY OR TOWN: Richmond	x 18d. STREET OR RURAL ADDRESS: 753 Golden Gate Ave

PHYSICIAN'S OR CORONER'S CERTIFICATION

19a. 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 EXPIRY HEREIN ON THE REMAINS OF DECEASED AS REQUIRED BY LAW

19b. 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 Sept 1946 TO Dec 5, 1954 AND THAT I LAST SAW THE DECEASED ALIVE ON Dec 5, 1954

19c. SIGNATURE: B B Gadwood — DEGREE CAPITAL: M.D.

19d. ADDRESS: Richmond Calif

19e. DATE SIGNED: 12/7/54

FUNERAL DIRECTOR AND REGISTRAR

20a. SPECIFY BURIAL CREMATION OR REMOVAL: Cremation	20b. DATE: 12/8/54	20c. CEMETERY OR CREMATORY: Berkeley Crematory	21. SIGNATURE OF EMBALMER OR FUNERAL DIRECTOR: Walter R. Schneider LICENSE NUMBER 3591
22. FUNERAL DIRECTOR: Wilson & Kratzer-Richmond #5568	23. DATE RECEIVED BY LOCAL REGISTRAR: December 7, 1954		24. SIGNATURE OF LOCAL REGISTRAR: [illegible] M.D.

MEDICAL AND HEALTH DATA

CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))

THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH

25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Rheumatic heart disease — 15 yrs

ANTECEDENT CAUSES: MORBID CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

DUE TO (a): with mitral stenosis, insufficiency

DUE TO (c): cardiac hypertrophy and congestive heart failure

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS

26. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

OPERATIONS

27a. DATE OF OPERATION: 1950	27b. MAJOR FINDINGS OF OPERATION: Mitral valvulotomy	28. AUTOPSY: X YES NO

DEATH DUE TO EXTERNAL VIOLENCE

29a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	29b. PLACE OF INJURY (FARM, FACTORY, STREET, OFFICE BUILDING)	29c. LOCATION (CITY OR TOWN, COUNTY, STATE)
29d. TIME OF INJURY (MONTH, DAY, YEAR, HOUR)	29e. INJURY OCCURRED (WHILE AT WORK, NOT WHILE AT WORK)	29f. HOW DID INJURY OCCUR?

REV. 1-1-53 FORM 8-6-11