

HALLINAN, EDWARD (1911) Need Q

WRITE & PRINT WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD  
 Read Instructions on Back  
 VITAL STATISTICS

DISTRICT NO. **3801** REGISTRATION NO. **5735**

**H-455**

1. FULL NAME: **EDWARD HALLINAN**

2. PLACE OF DEATH: **CITY AND COUNTY OF SAN FRANCISCO**

3. NAME OF HOSPITAL OR INSTITUTION: **Dante Hospital**

4. SEX: **M** 5. COLOR OR RACE: **White** 6. (a) SINGLE, MARRIED, WIDOWED OR DIVORCED: **Married**

6. (b) NAME OF HUSBAND OR WIFE: **Ruby M. Hallinan** 6. (c) AGE OF HUSBAND OR WIFE IF ALIVE: **45** YEARS

7. BIRTHDATE OF DECEASED: **August 23 1888**

8. AGE: **52** YEARS **9** MONTHS **1** DAY

9. BIRTHPLACE: **San Francisco, California**

10. USUAL OCCUPATION: **Deputy County Clerk**

11. INDUSTRY OR BUSINESS: **City and County San Francisco**

12. NAME: **C. M. Hallinan**

13. BIRTHPLACE: **San Francisco, California**

14. MAIDEN NAME: **Elizabeth Linden**

15. BIRTHPLACE: **San Francisco, California**

16. (a) INFORMANT: **Ruby M. Hallinan**

16. (b) ADDRESS: **157 Ulton St.**

17. (a) SIGNATURE OF FUNERAL DIRECTOR: **Karen S. [Signature]**

17. (b) DATE: **Aug. 26, 1940**

18. (a) EMBALMER'S SIGNATURE: **Geo. J. [Signature]** LICENSE **984**

18. (b) ADDRESS: **222 Masonic Ave.**

18. (c) BY: **H. H. [Signature]**

19. (a) DATE FILED: **AUG 28 1940**

20. DATE OF DEATH: **August 27 1940**

21. MEDICAL CERTIFICATE: **Myocardial Infarction**

22. CORONER'S CERTIFICATE: **Myocardial Infarction**

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?  
 (d) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE?  
 (e) NATURE OF INJURY?

24. PHYSICIAN'S SIGNATURE: **[Signature]** ADDRESS: **459 Sutter St.** DATE: **8/24/40**