

C260 46 061440 3894

1. FULL NAME **ANTHONY LAZZERI**

2. PLACE OF BIRTH ~~UNKNOWN~~ CITY AND COUNTY OF **SAN FRANCISCO**

3. NAME OF CAPITAL OR INSTITUTION **65 Rossmoor Drive**

4. LENGTH OF RES. IN THIS COMMUNITY **42 Yrs.**

3. USUAL RESIDENCE OF DECEASED **California 64424**

(A) STATE **San Francisco**

(B) COUNTY **San Francisco**

(C) CITY OR TOWN **65 Rossmoor Drive**

(D) STREET NO. **0**

20. DATE OF DEATH **August 7 1948**

3. (F) VETERAN, NAME OF WAR **No**

3. (F) SOCIAL SECURITY NO. **556-01-9379**

4. SEX **Male**

5. COLOR OF RACE **White**

6. (A) SINGLE, MARRIED, WIDOWED OR **Married**

6. (B) NAME OF HUSBAND OR WIFE **Mary D. Lazzeri**

6. (C) AGE OF HUSBAND OR WIFE AT DEATH **41** YEARS

21. MEDICAL CERTIFICATE

I HEREBY CERTIFY THAT I ATTENDED THE DECEASED, AND THAT I LAST SAW HIM ALIVE ON **12** AT **12** AND THAT DEATH OCCURRED IN THE DATE **12** AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE

I HEREBY CERTIFY THAT I HOLD AN **autopsy** BEFORE, DURING OR AFTER INVESTIGATION ON THE REMAINS OF THE DECEASED AND FROM FROM SUCH EXAMIN THAT DECEASED CAME TO HIS DEATH ON THE DATE AND HOUR AND HOUR STATED ABOVE.

7. BIRTHDATE OF DECEASED **December 6 1903**

8. AGE **42** YRS **8** MRS **1** DAY

IMMEDIATE CAUSE OF DEATH **Specimens to pathologist and Toxicologists**

9. BIRTHPLACE **San Francisco**

10. USUAL OCCUPATION **Proprietor of Tavern**

ACUTE PASSIVE CONGESTION OF VISCERA, COMPATIBLE WITH ACUTE CARDIAC FAILURE. ALCOHOL ABSENT. NEGATIVE FOR POISONS.

11. INDUSTRY OR BUSINESS **Agostine Lazzeri**

12. NAME **Italy**

13. BIRTHPLACE **Italy**

14. MAIDEN NAME **Julia Cheasa**

15. BIRTHPLACE **Italy**

MAJOR FINDINGS OF OPERATION **SEE ABOVE**

PHYSICIAN WHOLED TO HOLD DEATH SHOULD BE SIGNATURE

16. (A) INFORMANT **Mary D. Lazzeri**

16. (B) ADDRESS **65 Rossmoor Drive**

25. IF DEATH WAS DUE TO EXTERNAL CAUSE, FILL IN THE FOLLOWING:

(A) ACCIDENT, SUICIDE, OR HOMICIDE

(B) DISEASE OR INJURY

(C) OTHER CAUSE

17. (A) PLACE OF BURIAL **Mausoleum**

17. (B) DATE OF BURIAL **8/10/48**

18. (A) PLACE OF BURIAL **Berkeley**

18. (B) EMBALMER'S SIGNATURE **Ray J. Barfield** LICENSE NO. **2046**

25. (C) PUBLIC PLACE

(D) OTHER TYPE OF PLACE

(B) FUNERAL DIRECTOR **Carew and English Inc.**

ADDRESS **350 Masonic Avenue**

BY **A. B. ...**

19. (A) DATE FILED **AUG 9 1948**

24. CORONER'S SIGNATURE