

**CERTIFICATE OF DEATH**

3801

1781

STATE FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
<b>DECEDENT PERSONAL DATA</b>	1A. NAME OF DECEASED—FIRST NAME <b>ANNA</b>		1B. MIDDLE NAME <b>D.</b>		1C. LAST NAME <b>HORMAY</b>		2A. DATE OF DEATH—MONTH, DAY, YEAR <b>March 9, 1973</b>		2B. HOUR <b>1:00 A. M.</b>				
	3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Hungary</b>		6. DATE OF BIRTH <b>October 11, 1880</b>		7. AGE (LAST BIRTHDAY) <b>92</b> YEARS	IF UNDER 1 YEAR MONTHS    DAYS		IF UNDER 24 HOURS HOURS    MINUTES			
	8. NAME AND BIRTHPLACE OF FATHER <b>Samuel Darida - Hungary</b>				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Elizabeth Opowsky - Hungary</b>								
	10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11. SOCIAL SECURITY NUMBER <b>561-82-0412</b>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)						
	14. LAST OCCUPATION <b>Housewife</b>		15. NUMBER OF YEARS IN THIS OCCUPATION <b>66</b>	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)			17. KIND OF INDUSTRY OR BUSINESS						
	18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY				18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) <b>101 Acadia Street</b>				18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>				
	18D. CITY OR TOWN <b>San Francisco</b>				18E. COUNTY <b>San Francisco</b>		18F. LENGTH OF STAY IN COUNTY OF DEATH <b>68</b> YEARS		18G. LENGTH OF STAY IN CALIFORNIA <b>68</b> YEARS				
<b>USUAL RESIDENCE</b> <small>(IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)</small>	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>101 Acadia Street</b>				19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Mr. August L. Hormay</b> <b>101 Acadia Street</b> <b>San Francisco, CA 94131</b>						
	19C. CITY OR TOWN <b>San Francisco</b>		19D. COUNTY <b>San Francisco</b>		19E. STATE <b>California</b>								
<b>PHYSICIAN'S OR CORONER'S CERTIFICATION</b>	21A. 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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW AND (INVESTIGATION OR INQUEST)		21B. 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                      TO                      AND (ENTER MONTH, DAY, YEAR) (ENTER MONTH, DAY, YEAR) (DECEASED ALIVE ON) (ENTER MONTH, DAY, YEAR)		21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE <b>Robert S. Reiss, M.D.</b>		21D. DATE SIGNED <b>March 9, 1973</b>						
					21E. ADDRESS <b>3580 California St., San Francisco, CA 94118</b>		21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER <b>12772</b>						
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Cremation</b>		22B. DATE <b>3/12/73</b>		23. NAME OF CEMETERY OR CREMATORY <b>Olivet Mem. Pk., Colma, CA</b>		24. LOCAL REGISTRAR—SIGNATURE (IF EMPLOYED) LICENSE NUMBER <b>Francis J. Curry, M.D.</b> <b>2273</b>		25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>H. F. Suhr Co., Inc.</b>				
					26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) <b>NO</b>		27. LOCAL REGISTRAR—SIGNATURE <b>Francis J. Curry, M.D.</b>		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>MAR 9 '73</b>				
<b>CAUSE OF DEATH</b>	29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C								<b>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</b> <b>162.1</b>				
	IMMEDIATE CAUSE (A) <b>Bacterial meningitis cerebrosus</b>		DUE TO, OR AS A CONSEQUENCE OF <b>with benign metastases (lungs, liver)</b>										
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		(B) <b>Arterio sclerotic heart disease</b>		DUE TO, OR AS A CONSEQUENCE OF (C)									
30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.								31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) <b>Yes</b>		32A. AUTOPSY (SPECIFY YES OR NO) <b>Yes</b>		32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)	
<b>INJURY INFORMATION</b>	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.) <b>FREWAY, HIGHWAY, STREET.</b>		35. INJURY AT WORK (SPECIFY YES OR NO)		36A. DATE OF INJURY—MONTH, DAY, YEAR		36B. HOUR				
	37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19. MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)				
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)												
<b>STATE REGISTRAR</b>	A.	B.	C.	D.	E.	F.		<b>311</b>					

REV. 1-1-68 FORM VS-11

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 11535

DATED: Mar. 16, 1973

SAN FRANCISCO, CALIFORNIA

*Francis J. Curry, M.D.*

FRANCIS J. CURRY, M. D.  
DIRECTOR OF PUBLIC HEALTH  
AND LOCAL REGISTRAR

**HORMAY, Anna** — In this city, March 9, 1973, Anna Hormay, dearly beloved wife of the late August L. Hormay; dear mother of August L. Hormay and Anna C. Bush; a native of Hungary; aged 92 years.

Friends may call at the Chapel of H. F. SUHR CO., 2919 Mission St. nr. 25th, on Saturday and Sunday, between the hours of 3 p.m. and 9 p.m. Inurnment private, Olivet Memorial Park.