CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
City of San Antonio
Office of the City Clerk

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER**

Texas Department of Health - Bureau of Vital Statistics

EMB: BALTAZAR LUBY #10652

1. NAME OF DECEASED (a) FIRST: Elizabeth (b) MIDDLE: Helen (c) LAST: Dommert (d) MAIDEN: Marvick
2. SEX: Female
3. DATE OF DEATH: Sept. 28, 1995
4. DATE OF BIRTH: Oct. 31, 1916
5. AGE (IN YEARS): 78 — IF UNDER 1 YR. MO / DAYS — IF UNDER 1 DAY HOURS / MIN
6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY): Pine Bluff, AR
7. SOCIAL SECURITY NO.: 460-42-7357
8. RACE: White
9a. WAS THE DECEDENT OF HISPANIC ORIGIN? ☐ YES ☒ NO
9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO
11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+): 18+
12. MARITAL STATUS: ☐ MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED
13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): None
14a. DECEDENT'S USUAL OCCUPATION: Anesthesiologist
14b. KIND OF BUSINESS OR INDUSTRY: Medical
15a. RESIDENCE STREET ADDRESS: 6819 Lone Hill Ct.
15b. CITY OR TOWN: San Antonio
15c. COUNTY: Bexar
15d. STATE: Texas
15e. ZIP CODE: 78227
15f. INSIDE CITY LIMITS: ☒ YES ☐ NO
16. FATHER'S NAME: Albert N. Marvick
17. MOTHER'S MAIDEN NAME: Ladye Marion Sadeford
18. PLACE OF DEATH (CHECK ONLY ONE): HOSPITAL: ☐ INPATIENT ☐ ER/OUTPATIENT ☐ DOA — OTHER: ☐ NURSING HOME ☒ RESIDENCE ☐ OTHER (SPECIFY)
19. COUNTY OF DEATH: Bexar
20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.): San Antonio
21. NAME OF HOSPITAL OR INSTITUTION: 6819 Lone Hill Ct.
22. INFORMANT - SIGNATURE & RELATIONSHIP: Barbara Moerchen — Daughter
23. MAILING ADDRESS OF INFORMANT: 4927 Oakway Dr., SAT 78228
24. METHOD OF DISPOSITION: ☒ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)
25. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, OR OTHER PLACE): Cedarcrest Cemetery
26. LOCATION (CITY, STATE): Baytown, Texas
27. DATE OF DISPOSITION: Sept. 30, 1995
28. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: #10652 Baltazar Luby
29. NAME & ADDRESS OF FUNERAL HOME: Trevino Funeral Home, 226 Cupples Rd., San Antonio, TX 78237
30. CERTIFIER: ☒ CERTIFYING PHYSICIAN — TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. ☐ MEDICAL EXAMINER ☐ JUSTICE OF THE PEACE — ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.
31. SIGNATURE & TITLE OF CERTIFIER: M.D.
32. DATE SIGNED: MO 10 DAY 03 YEAR 1995
33. TIME OF DEATH: 11:15 A M.
34. PRINTED NAME & ADDRESS OF CERTIFIER: Edward Sargent, 4647 Medical Dr., SAT 78229

CAUSE OF DEATH

35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPITORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Chronic Obstructive Pulmonary Disease

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST
b.
c.
d.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)

36a. AUTOPSY? ☐ YES ☒ NO
36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ YES ☐ NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH: ☐ YES ☐ PROBABLY ☐ NO ☒ UNKNOWN
38. DID ALCOHOL USE CONTRIBUTE TO DEATH: ☐ YES ☐ PROBABLY ☐ NO ☒ UNKNOWN
39. WAS DECEDENT PREGNANT: AT TIME OF DEATH ☐ YES ☒ NO ☐ UNK; WITHIN LAST 12 MO ☐ YES ☒ NO ☐ UNK
40. MANNER OF DEATH: ☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED
41a. DATE OF INJURY
41b. TIME OF INJURY M.
41c. INJURY AT WORK ☐ YES ☐ NO
41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)
41f. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.: 0207633
42b. DATE RECEIVED BY LOCAL REGISTRAR: OCT 0 9 1995
42c. SIGNATURE OF LOCAL REGISTRAR: Fernando Q. Flores

WARNING: The penalty for knowingly making a false statement in this form can be ... 10 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV. 1/93

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This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

Issued: FEB 25 2016

Tina J. Flores
Local Registrar

THE STATE OF TEXAS

CITY OF SAN ANTONIO