STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

72-170288

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

4900-2446

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
MAUREEN	LOUISE	STERLING	Found: December 28, 1972	About 6:30 P

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Female	Caucasian	Santa Rosa, Calif.	February 18, 1959	13 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Larry Lee Sterling - California	Arleen Louise Stri - California

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE OF WIFE, MAIDEN NAME
U.S.A.	None	Never married	

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYER; COMPANY OR FIRM	17. KIND OF BUSINESS OR INDUSTRY
Student	7	Herbert Slater Jr. High	Education

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION	18b. STREET ADDRESS—CITY OR LOCATION	18c. WERE CITY CORPORATE LIMITS FORMERLY YES OR NO
	Found - Near Franz Valley Road	No

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN HOSPITAL	18g. LENGTH OF STAY IN CALIFORNIA
Santa Rosa	Sonoma	Life YEARS	Life YEARS

USUAL RESIDENCE

19a. USUAL RESIDENCE—STREET ADDRESS (GIVE NUMBER OR LOCATION)	19b. WERE CITY CORPORATE LIMITS FORMERLY YES OR NO	20. NAME AND MAILING ADDRESS OF INFORMANT
3548 Midway Drive	Yes	Arleen Place (Mother)

19c. CITY OR TOWN	19d. COUNTY	19e. STATE	
Santa Rosa	Sonoma	California	Same as 19a

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED ABOVE.	21b. PHYSICIAN: I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [illegible] TO [illegible] AND THAT I LAST SAW DECEASED ON [illegible] 19[illegible]. I FURTHER CERTIFY THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED ABOVE.	21c. SIGNATURE OF CORONER—SIGN WITH FULL NAME OF OFFICE	21d. DATE SIGNED
Investigation		Coroner	April 27, 1973

21e. ADDRESS	21f. LICENSE NUMBER
Santa Rosa, California	

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SIGNATURE, FUNERAL DIRECTOR OR CREMATORY	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE OF EMBALMER (REQUIRED)	LICENSE NUMBER
Burial	4-29-73	Calvary Catholic Cemetery	Not embalmed	

25. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS THEREO	26. IF REGISTERED IN CONNECTION WITH A FUNERAL ESTABLISHMENT, GIVE NAME AND ADDRESS	27. LOCAL REGISTRAR	DATE RECEIVED BY LOCAL REGISTRAR
Daniels Chapel of the Roses		Walter E. Brown MD	APR 27 1973

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).

	IMMEDIATE CAUSE (a)	DUE TO, OR AS A CONSEQUENCE OF (b)	DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	Unknown			

30. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

31. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30?	32a. IF FEMALE, WAS DECEASED PREGNANT WITHIN PAST YEAR?	32b. IF NOT PREGNANT WITHIN PAST YEAR, WAS DECEASED PREGNANT WITHIN 5 YEARS OF DEATH?
No	No	No

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (STREET OR R.F.D. NUMBER; CITY OR TOWN; COUNTY; STATE)	35. INJURY AT WORK	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
Homicide	Apparently where found: No		Exact date unknown	Unknown

37a. PLACE OF INJURY—HOUSE OR BUILDING NO. AND STREET OR LOCATION	37b. CITY OR TOWN	37c. COUNTY	38. DID INJURY OCCUR IN OR AS A RESULT OF MOTOR VEHICLE ACCIDENT?	39. WAS INJURY WORK RELATED?
Apparently 2.7 mi. NE of Franz Wy. Rd. 49 Abt. 47	Santa Rosa	Sonoma	No	No

40. DESCRIBE HOW INJURY OCCURRED (GIVE ADDRESS OF PLACE WHERE INJURY OCCURRED, WHETHER AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)

Unknown

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
	X			948X	

INFORMATIONAL DOCUMENT
NOT A VALID DOCUMENT
TO ESTABLISH IDENTITY

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SONOMA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Sonoma County Clerk-Recorder.

DATE ISSUED JUN 10 2009

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JANICE ATKINSON, CLERK-RECORDER
SONOMA COUNTY, CALIFORNIA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE