

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER

STATE FILE NUMBER		CERTIFICATE OF DEATH				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				9053 12626	
DECEDENT PERSONAL DATA	1. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH	2b. MONTH	2c. DAY	2d. YEAR
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	7a. YEARS	7b. MONTHS
	8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER		10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER
	12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM		15. KIND OF INDUSTRY OR BUSINESS		
PLACE OF DEATH	16. IF DECEASED WITH EVER IN U.S. ARMED SERVICES GIVE WAR OR DATES OF SERVICE		17. SPECIFY MARRIED NEVER MARRIED (WIDOWED DIVORCED)		18a. NAME OF PRESENT SPOUSE		18b. PRESENT OR LAST OCCUPATION OF SPOUSE
	19a. PLACE OF DEATH—NAME OF HOSPITAL			19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER)			
	19c. CITY OR TOWN			19d. COUNTY	19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA	
	20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER)		20b. IF INSIDE CITY CORPORATE LIMITS CHECK HERE	20c. IF OUTSIDE CITY CORPORATE LIMITS CHECK HERE		21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)	
PHYSICIAN'S OR CORONER'S CERTIFICATION	20c. CITY OR TOWN		20d. COUNTY	20e. STATE	21b. ADDRESS OF INFORMANT		
	22a. 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 6-30-58 AND THAT I SIGNED THE DECLARATION ON 6-30-58		22c. PHYSICIAN OR CORONER SIGNATURE		22d. DATE SIGNED		
	22b. 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		22e. ADDRESS		22f. LOCAL REGISTRAR SIGNATURE		
	23. FUNERAL DIRECTOR AND LOCAL REGISTRAR SIGNATURE		24. DATE	25. NAME OF CEMETERY OR CREMATORY		26. EMBALMER—SIGNATURE (IF EMBALMED) LICENSE NUMBER	
MEDICAL AND HEALTH DATA	27. NAME OF FUNERAL DIRECTOR (WHEN PERSON ACTING AS LOCAL REGISTRAR)		28. DATE ACCEPTED FOR REGISTRATION	29. LOCAL REGISTRAR SIGNATURE		30. CAUSE OF DEATH	
	31. OPERATION—CHECK ONE		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34a. DESCRIBE HOW INJURY OCCURRED				
	35a. TIME OF INJURY		35b. PLACE OF INJURY		35c. CITY, TOWN, OR LOCATION		35d. COUNTY
35a. INJURY OCCURRED		35c. PLACE OF INJURY		35d. CITY, TOWN, OR LOCATION		35e. COUNTY	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder.

Charles Weissburd
 CHARLES WEISSBURD
 Registrar-Recorder

MAR 12 1991

19-779079

This copy not valid unless prepared on engraved border displaying the County of Los Angeles Seal and Signature of Registrar-Recorder.

