CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
BERNICE	MARY	BECK

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
10/21/1910	84			Female	03/27/1995	1735

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION — YEARS COMPLETED
IL	337-07-3856	19 ___ TO 19 ___ ☐ NONE	Widowed	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	☐ YES ☒ NO	Self Employed

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Correspondent	Writing	50

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 121 E. Lomita Avenue

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Glendale	Los Angeles	91205	42	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Bonnie Laur-Daughter	121 E. Lomita Avenue, Glendale, CA 91205

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
-	-	-	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
Jacob	Daniel	Mandelbaum	IL
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
ESTELLA	-	Hambujer	MI

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
03/30/1995	ForestLawn Memorial Park 1712 So. Glendale Ave., Glendale, CA 91205

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
Burial	▶ [signature]	4771

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
Kiefer & Eyerick Mortuary	FD-61	▶ Robert C. Hall MD	03/29/1995

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
Residence	☐ IP ☐ ER/OP ☐ DOA	☐ CONV. HOSP. ☒ RES. ☐ OTHER	Los Angeles

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION	106. CITY
121 E. Lomita Avenue	Glendale

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) CARDIOPULMONARY ARREST	Minutes
DUE TO	(B) LUNG CANCER	2 Years
DUE TO	(C) C O P D	10 Years
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: ☒ YES ☒ NO — REFERRAL NUMBER 95-52119

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☐ YES ☒ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☒ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Renal failure

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.: No

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
10/19/1994	01/31/1995

115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
▶ Samir S. Sawiris M.D	A047709	03/28/1995

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: Samir A. Sawiris, MD., 801 S. Chevy Chase #C, Glendale, CA 91205

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ YES ☐ NO			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

01-9-1-2005

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

LOS ANGELES COUNTY REGISTRAR OF VITAL RECORDS STATE OF CALIFORNIA

MAR 29 1995

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Director of Health Services and Registrar