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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER: 390290 00092

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MONTH, DAY, YEAR	2B. HOUR	3. SEX
FRANK	---------	SOLAY JR.	Feb. 18, 1990	0300	M

4. RACE	5. SPANISH/HISPANIC	6. DATE OF BIRTH—MONTH, DAY, YEAR	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
White	☐ YES ☒ NO SPECIFY	Nov. 12, 1906	83				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
SD	U.S.A.	Frank Solay Sr.	Austria	Elizabeth Palkowitsch	Austria

12. MILITARY SERVICE?	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 ___ TO 19 ___ ☒ NONE	545-20-3083	Married	Helen Koerner

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN USUAL OCCUPATION	17. NUMBER OF HIGHEST GRADE COMPLETED (1–12 OR COLLEGE 13–17+)
Owner Operator	Restaurant	Self-Employed	22	8

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
17987 State Highway 49 @ Lime Kiln Rd.	Grass Valley	95949

18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Nevada	17	California	Helen Solay - Wife 17987 State Hwy.49 @ Lime Kiln Rd. Grass Valley, Ca. 95949

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER?
Residence		Nevada		☒ YES 30 REFERRAL NUMBER ☐ NO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	23. WAS SCOPE PERFORMED?
17987 State Hwy.49@ Lime Kiln Rd.	Grass Valley	☒ YES ☐ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT

IMMEDIATE CAUSE: (A) Carcinoma of Esophagus ▶ 6 mos.

DUE TO: (B) ▶

DUE TO: (C) ▶

24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO

24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: None

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR: 11/15/89 TYPE: Moderate Differential Adeno Carcinoma

PHYSICIAN'S CERTIFICATION

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

27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN: ▶ Gregg Steber MD

27C. PHYSICIAN'S LICENSE NUMBER: G 13927

27D. DATE SIGNED: 2-20-90

27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR: 3-11-77

DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR: 11-13-89

27E. TYPE OR PRINT ATTENDING PHYSICIAN'S NAME AND ADDRESS: 10 Coleraine Lane, Suite E

Gregg A. Steber M.D. Grass Valley, Ca. 95945

CORONER'S USE ONLY

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

28A. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶

28B. DATE SIGNED

29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK ☐ YES ☐ NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR

32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)

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

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION	34B. PLACE OF FINAL DISPOSITION	34C. DATE OF DISPOSITION MONTH, DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER
CR/SEA	3 Mi. W. of Golden Gate San Francisco, Calif.	Feb. 23, 1990		6576

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
Hooper & Weaver Mortuary Inc.	F-348	▶ Jerry J. Zamelis	FEB 2 2 1990

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 1-89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

This is to certify that this document is a true copy of the official record filed with the Vital Statistics Registrar of the County of Nevada.

FEB 2 2 1990

Jerry J. Zamelis, M.D., M.P.A.
REGISTRAR
NEVADA COUNTY HEALTH DEPARTMENT

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Steven Joseph Pereira

on this 20th day of Sept. A.D., 19 90
at 1:01 o'clock P M. and duly recorded
in Vol. M90 of Deeds Page 18938.

Evelyn Biehn County Clerk
By Pauline Muhlendore
Deputy.

Fee, $8.00

Return: Steven Joseph Pereira
32407 Lois Way
Union City, Ca. 94587