

2731

07-13-95P03:54 RCVD  
CERTIFICATE OF DEATHVol. MCB Page 18195

STATE FILE NUMBER

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) <b>ROBERT</b>		2. MIDDLE <b>-</b>		3. LAST (FAMILY) <b>WEIGAND</b>	
4. DATE OF BIRTH MM/DD/CCYY <b>12/04/1918</b>		5. AGE YRS. <b>76</b>		6. SEX <b>M</b>	
7. DATE OF DEATH MM/DD/CCYY <b>06/17/1995</b>		8. HOUR <b>2030</b>			
9. STATE OF BIRTH <b>MN</b>		10. SOCIAL SECURITY NO. <b>569-16-0985</b>		11. MILITARY SERVICE <b>19 TO 19 NONE</b>	
12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>11</b>			
14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>U.S. Postal Service</b>	
17. OCCUPATION <b>Letter Carrier</b>		18. KIND OF BUSINESS <b>Federal Civil Service</b>		19. YEARS IN OCCUPATION <b>15</b>	
20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>4226 Utah Street # 3</b>					
21. CITY <b>San Diego</b>		22. COUNTY <b>San Diego</b>		23. ZIP CODE <b>92104</b>	
24. YRS IN COUNTY <b>27</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>			
26. NAME, RELATIONSHIP <b>Jeannette E. Weigand, Wife</b>		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>4226 Utah Street # 3; San Diego, CA 92104</b>			
28. NAME OF SURVIVING SPOUSE—FIRST <b>Jeannette</b>		29. MIDDLE <b>Elizabeth</b>		30. LAST (MAIDEN NAME) <b>Muralt</b>	
31. NAME OF FATHER—FIRST <b>George</b>		32. MIDDLE <b>Emil</b>		33. LAST <b>Weigand</b>	
34. BIRTH STATE <b>MA</b>		35. NAME OF MOTHER—FIRST <b>Kathryn</b>		36. MIDDLE <b>-</b>	
37. LAST (MAIDEN) <b>Walther</b>		38. BIRTH STATE <b>MN</b>			
39. DATE MM/DD/CCYY <b>06/21/1995</b>		40. PLACE OF FINAL DISPOSITION <b>El Camino Memorial Park 5600 Carroll Canyon Road; San Diego, CA 92121</b>			
41. TYPE OF DISPOSITION(S) <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>not embalmed</b>		43. LICENSE NO. <b>-</b>	
44. NAME OF FUNERAL DIRECTOR <b>BALBOA CREMATION SERVICES</b>		45. LICENSE NO. <b>FD 1370</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE MM/DD/CCYY <b>06/20/1995</b>		48. LICENSE NO. <b>KK</b>			
101. PLACE OF DEATH <b>Continental Rehab Hospital</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> WOSP. <input type="checkbox"/> RES. <input checked="" type="checkbox"/> OTHER	
104. COUNTY <b>San Diego</b>					
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>555 Washington Avenue</b>		106. CITY <b>San Diego</b>			
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (A) <b>Pseudomonas Pneumonia</b>		weeks		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) <b>End stage Emphysema</b>		months		110. AUTOPTOY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) <b>Emphysema</b>		unknown		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (D)					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>none</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>no</b>					
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 <b>04/05/1995</b> DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>06/09/1995</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>M.D.</b>		116. LICENSE NO. <b>A 033711</b>	
117. DATE MM/DD/CCYY <b>06/20/1995</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS - ZIP <b>Julian Lichter MD 4033 Third Ave. # 300 San Diego, CA 92103</b>			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		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 <i>[Signature]</i>		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>Bernetha G. Leitch, County Clerk</b>	

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 13th day of July, 1995 at 3:54 o'clock P. M., and duly recorded in Vol. \_\_\_\_\_

of Deeds on Page 18195

RETURN: Jeanette Weigand

4226 Utah #3

San Diego, Ca

92104

FEE \$10.00

B

*[Signature]*

COUNTY OF SAN DIEGO - DEPARTMENT OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO, DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.

REQUIRED FEE PAID

DATE ISSUED: June 22, 1995

REGISTRAR OF VITAL RECORDS