14833

Vol. M96 Page 7204

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT — FIRST (GIVEN): CHARLES
2. MIDDLE: LOUIS
3. LAST (FAMILY): MILSTEIN
4. DATE OF BIRTH MM/DD/CCYY: 03/06/1927
5. AGE YRS.: 68
IF UNDER 1 YEAR — MONTHS / DAYS; IF UNDER 24 HOURS — HOURS / MINUTES
6. SEX: MALE
7. DATE OF DEATH MM/DD/CCYY: 02/27/1996
8. HOUR: 2130
9. STATE OF BIRTH: PA
10. SOCIAL SECURITY NO.: 180-24-6277
11. MILITARY SERVICE: 19 ___ TO 19 ___ ☐ NONE
12. MARITAL STATUS: MARRIED
13. EDUCATION — YEARS COMPLETED: 16
14. RACE: WHITE
15. HISPANIC — SPECIFY: ☐ YES ☒ NO
16. USUAL EMPLOYER: XEROX
17. OCCUPATION: ENGINEER
18. KIND OF BUSINESS: COPY MACHINES
19. YEARS IN OCCUPATION: 46

USUAL RESIDENCE

20. RESIDENCE — STREET AND NUMBER OR LOCATION: 6909 MELBA AVENUE
21. CITY: WEST HILLS
22. COUNTY: LOS ANGELES
23. ZIP CODE: 91307
24. YRS IN COUNTY: 28
25. STATE OR FOREIGN COUNTRY: CALIFORNIA

INFORMANT

26. NAME, RELATIONSHIP: RUTH MILSTEIN - WIFE
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 6909 MELBA AVENUE, WEST HILLS, CA 91307

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST: RUTH
29. MIDDLE: -
30. LAST (MAIDEN NAME): DON
31. NAME OF FATHER — FIRST: ABRAHAM
32. MIDDLE: -
33. LAST: MILSTEIN
34. BIRTH STATE: POLAND
35. NAME OF MOTHER — FIRST: ESTHER
36. MIDDLE: -
37. LAST (MAIDEN): GOLDBERG
38. BIRTH STATE: POLAND

DISPOSITION(S)

39. DATE MM/DD/CCYY: 02/29/1996
40. PLACE OF FINAL DISPOSITION: MOUNT SINAI MEMORIAL PARK 5950 FOREST LAWN DRIVE, L.A., CA 90068

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): CREMATION/BURIAL
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NO.: -
44. NAME OF FUNERAL DIRECTOR: MOUNT SINAI MORTUARY
45. LICENSE NO.: FD-1010
46. SIGNATURE OF LOCAL REGISTRAR: Robert Watts
47. DATE MM/DD/CCYY: 02/29/1996

PLACE OF DEATH

101. PLACE OF DEATH: NORTHRIDGE HOSP. MED. CENTER
102. IF HOSPITAL, SPECIFY ONE: ☒ IP ☐ ER/OP ☐ DOA
103. FACILITY OTHER THAN HOSPITAL: ☐ CONV. HOSP. ☐ RES. ☐ OTHER
104. COUNTY: LOS ANGELES
105. STREET ADDRESS — STREET AND NUMBER OR LOCATION: 18300 ROSCOE BLVD.
106. CITY: NORTHRIDGE

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) METASTATIC CA OF LIVER	2 MONTHS
DUE TO	(B) SMALL CELL UNDIFFERENTIATED CARCINOMA OF UNKNOWN PRIMARY	2 MONTHS
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER
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: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.: LIVER BIOPSY 02/10/1996

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: 02/07/1996
DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 02/27/1996
115. SIGNATURE AND TITLE OF CERTIFIER: Carl Singerman M.D.
116. LICENSE NO.: A25329
117. DATE MM/DD/CCYY: 02/28/1996
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: CARL L. SINGERMAN, M.D. 18300 ROSCOE BLVD., NORTHRIDGE, CA 91328

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: ☐ YES ☐ 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
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

MAR 1 P 1:05

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15/16

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.

MAR 01 1996

57 Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Edward Milstein
of March A.D., 19 96 at 1:05 o'clock P M., and duly recorded in Vol. M96, the 18th day of Deeds on Page 7204.

FEE $10.00

Return: Edward Milstein
8246 Quartz Avenue
Canoga Park, California 91306

Bernetha G. Letsch, County Clerk
By