CERTIFICATION OF VITAL RECORD

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COUNTY of SANTA CLARA

PUBLIC HEALTH

2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

Return To: Charlotte Weiss
743 E. El Camino, Apt 333
Sunnyvale CA 94087

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS 11 (REV. 7/97)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER 3199843006210

DECEDENT PERSONAL DATA

1. Name of Decedent—First (Given)	GERALD
2. Middle	LEONARD
3. Last (Family)	WEISS
4. Date of Birth MM/DD/CCYY	09/03/1931
5. Age Yrs	66
6. Sex	M
7. Date of Death MM/DD/CCYY	08/22/1998
8. Hour	2245
9. State of Birth	IL
10. Social Security No	322-26-1570
11. Military Service	[X] Yes [ ] No [ ] Unk
12. Marital Status	MARRIED
13. Education—Years Completed	14
14. Race	CAUC
15. Hispanic—Specify	[ ] Yes [X] No
16. Usual Employer	HUGHES AIRCRAFT
17. Occupation	ENGINEER
18. Kind of Business	AEROSPACE
19. Years in Occupation	32

USUAL RESIDENCE

20. Residence—(Street and Number or Location)	600 E. WEDDELL DR. #187
21. City	SUNNYVALE
22. County	SANTA CLARA
23. Zip Code	94089
24. Yrs in County	21
25. State or Foreign Country	CA

INFORMANT

26. Name, Relationship	CHARLOTTE WEISS - SPOUSE
27. Mailing Address	600 E. WEDDELL DR. #187, SUNNYVALE, CA 94089

SPOUSE AND PARENT INFORMATION

28. Name of Surviving Spouse—First	CHARLOTTE
29. Middle	-
30. Last (Maiden Name)	SCHEINHOLTZ
31. Name of Father—First	JOSEPH
32. Middle	-
33. Last	WEISS
34. Birth State	IL
35. Name of Mother—First	RUTH
36. Middle	-
37. Last (Maiden)	POLLOCK
38. Birth State	RU

DISPOSITION(S)

39. Date MM/DD/CCYY	08/26/1998
40. Place of Final Disposition	OAK HILL MEMORIAL PARK, SAN JOSE, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. Type of Disposition(s)	BURIAL
42. Signature of Embalmer	NOT EMBALMED
43. License No	-
44. Name of Funeral Director	OAK HILL FUNERAL HOME
45. License No.	FD991
46. Signature of Local Registrar	Martin D Fenstersheib MD
47. Date MM/DD/CCYY	08/25/1998 RH

PLACE OF DEATH 70

101. Place of Death	OWN RESIDENCE
102. If Hospital, Specify One	[ ] IP [ ] ER/OP [ ] DOA
103. Facility Other Than Hospital	[ ] Conv. Hosp. [ ] Reg. Care [ ] Other
104. County	SANTA CLARA
105. Street Address—(Street and Number or Location)	600 E. WEDDELL DRIVE #187
106. City	SUNNYVALE

CAUSE OF DEATH 3352

107. Death was caused by: (Enter only one cause per line for A, B, C, and D)

	Cause	Time Interval Between Onset and Death
Immediate Cause (A)	CARDIAC ARREST	IMMED
Due to (B)	AMYOTROPHIC LATERAL SCLEROISIS	6 MOS
Due to (C)		
Due to (D)		

108. Death Reported to Coroner: [X] Yes [ ] No — Referral Number 235-001

109. Biopsy Performed: [ ] Yes [X] No

110. Autopsy Performed: [ ] Yes [X] No

111. Used in Determining Cause: [ ] Yes [ ] No

112. Other significant conditions contributing to death but not related to cause given in 107: CORONARY ARTERY DISEASE

113. Was operation performed for any condition in item 107 or 112? If yes, list type of operation and date.

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 09/28/1987 Decedent Last Seen Alive MM/DD/CCYY 07/14/1998

115. Signature and Title of Certifier: Martin Klishang

116. License No. G14248

117. Date MM/DD/CCYY 08/24/1998

118. Type Attending Physician's Name, Mailing Address, Zip: ROBERT CONSTANTINO MD, 2660 GRANT RD, MT. VIEW, CA 94040

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, Zip)

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. # 06837 — CENSUS TRACT

H 1180878

1999 JUN 24 AM 11:41

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA } SS

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED 06/04/1999

By

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Martin D. Fenstersheib MD

MARTIN D. FENSTERSHEIB
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

24770

State of Oregon, County of Klamath
Recorded 6/24/99, at 11:41 a m.
In Vol. M99 Page 24769
Linda Smith,
County Clerk Fee$ 15 KR