

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) Abraham		2. MIDDLE L.		3. LAST (FAMILY) Summer					
	4. DATE OF BIRTH MM/DD/CCYY 04/05/1911		5. AGE YRS. 83	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	6. SEX Male	7. DATE OF DEATH MM/DD/CCYY 06/21/1994	8. HOUR 1720		
	9. STATE OF BIRTH RI	10. SOCIAL SECURITY NO. 038-07-7872		11. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE		12. MARITAL STATUS MARRIED		13. EDUCATION —YEARS COMPLETED 12		
	14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER ANGELUS SUPPLY					
	17. OCCUPATION OWNER		18. KIND OF BUSINESS RESTAURANT SUPPLY			19. YEARS IN OCCUPATION 12				
USUAL RESIDENCE	20. RESIDENCE—STREET AND NUMBER OR LOCATION 13908 FIJI WAY #258									
	21. CITY MARINA DEL REY		22. COUNTY LOS ANGELES		23. ZIP CODE 90292		24. YRS IN COUNTY 46	25. STATE OR FOREIGN COUNTRY CA		
INFORMANT	26. NAME, RELATIONSHIP SERGEE SUMMER - WIFE				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 13908 FIJI WAY, #258, MARINA DEL REY, CA 90292					
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST SERGEE		29. MIDDLE R.		30. LAST (MAIDEN NAME) FELDMAN					
	31. NAME OF FATHER—FIRST JOSEPH		32. MIDDLE -		33. LAST SUMMER			34. BIRTH STATE UKRAINE		
	35. NAME OF MOTHER—FIRST ANNA		36. MIDDLE -		37. LAST (MAIDEN) SEILINGER			38. BIRTH STATE UKRAINE		
DISPOSITION(S)	39. DATE MM/DD/CCYY 06/23/1994	40. PLACE OF FINAL DISPOSITION HILLSIDE MEMORIAL PARK, LOS ANGELES, CA								
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER NOT EMBALMED			43. LICENSE NO. -				
	44. NAME OF FUNERAL DIRECTOR ABBOTT & HAST		45. LICENSE NO. FD 1399	46. SIGNATURE OF LOCAL REGISTRAR <i>Robert C. [Signature]</i>		47. DATE MM/DD/CCYY 06/23/1994				
PLACE OF DEATH	101. PLACE OF DEATH Kaiser Foundation Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY Los Angeles			
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 6041 Cadillac Avenue						106. CITY Los Angeles			
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	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER		
	IMMEDIATE CAUSE	(A) - Congestive Heart Failure				Weeks				
	DUE TO	(B) Coronary Artery Disease				Weeks	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	DUE TO	(C) Aortic Stenosis				Years	110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO	(D)					111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 Benign Prostatic Hypertrophy										
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Transurethral Prostatectomy 06/09/1994										
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 09/29/1993		DECEDENT LAST SEEN ALIVE MM/DD/CCYY 06/21/1994		115. SIGNATURE AND TITLE OF CERTIFIER <i>Jonathan Markowitz</i> M.D.		116. LICENSE NO. G 061144	117. DATE MM/DD/CCYY 06/22/1994		
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Jonathan Markowitz, M.D., 6041 Cadillac Ave., L.A., Ca. 90034				120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY		
CORONER'S USE ONLY	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			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					
STATE REGISTRAR	A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

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01-9-1-0434