

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

3052023034408

CERTIFICATE OF DEATH
USE BLOCK FOR ONLY 10 BUSINESS HOURS WITHOUT OR ALTERATIONS
 05-11 REV 3/09

8202319007305

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT - FIRST (Given) RAQUEL		2. MIDDLE -					
3. LAST (Family) WELCH		4. DATE OF BIRTH mm/dd/yyyy 09/05/1940					
5. AGE Yrs 82		6. SEX F					
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]					
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (a: Time of Death) DIVORCED					
7. DATE OF DEATH mm/dd/yyyy 02/15/2023		8. HOUR (24 Hour) 0225					
13. EDUCATION - Highest Level/Degrees BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACTRESS					
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 60					
20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]							
21. CITY LOS ANGELES		22. COUNTY/PROVINCE LOS ANGELES					
23. ZIP CODE 90077		24. YEARS IN COUNTY 60					
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP TAHNEE WELCH, DAUGHTER					
27. INFORMANT'S MAILING ADDRESS (Street and number, or location) [REDACTED]		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -					
29. MIDDLE -		30. LAST (BIRTH NAME) -					
31. NAME OF FATHER/PARENT - FIRST ARMAND		32. MIDDLE -					
33. LAST TEJEDA		34. BIRTH STATE BOLIVIA					
35. NAME OF MOTHER/PARENT - FIRST JOSEPHINE		36. MIDDLE -					
37. LAST (BIRTH NAME) HALL		38. BIRTH STATE IL					
39. DISPOSITION DATE mm/dd/yyyy 02/22/2023		40. PLACE OF FINAL DISPOSITION RESIDENCE TAHNEE WELCH					
41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMERALD [REDACTED]					
43. LICENSE NUMBER GROMAN MORTUARY INC		44. NAME OF FUNERAL ESTABLISHMENT GROMAN MORTUARY INC					
45. LICENSE NUMBER [REDACTED]		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]					
47. DATE mm/dd/yyyy 02/21/2023		101. PLACE OF DEATH RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ETC <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input checked="" type="checkbox"/> Other					
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) [REDACTED]					
106. CITY LOS ANGELES		107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thromboembolism (VTE) without knowing the etiology. DO NOT abbreviate. (A) CARDIAC ARREST					
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING 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) NO							
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: [REDACTED] Decedent Last Seen Alive: [REDACTED]		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]					
116. LICENSE NUMBER A61923		117. DATE mm/dd/yyyy 02/17/2023					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE IMAD ELASMAR, MD							
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Code not to be determined							
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy					
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		127. DATE mm/dd/yyyy					
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]					
STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT



CERTIFIED COPY OF VITAL RECORD
 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Imad Elasmar, MD
 VG DATE ISSUED

Health Officer and Registrar

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.



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APR - 3 2023

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CALCSANG04