

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052011115904

CERTIFICATE OF DEATH

3201119026350

STATE FILE NUMBER 3052011115904		LOCAL REGISTRATION NUMBER 3201119026350	
1. NAME OF DECEDENT - FIRST (Given) PETER		2. MIDDLE MICHAEL	
3. LAST (Family) FALK		4. DATE OF BIRTH mm/dd/yyyy 09/16/1927	
5. AGE Yrs. 83		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY NY		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/SROP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Ogree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDECENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 06/23/2011	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT	
19. YEARS IN OCCUPATION 55		20. DECEDECENT'S RESIDENCE (Street and number, or location) [REDACTED]	
21. CITY BEVERLY HILLS		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 90210		24. YEARS IN COUNTY 50	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP SHERA FALK, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or apartment number, city, state, and zip) [REDACTED]		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST SHERA	
29. MIDDLE LYNN		30. LAST (BIRTH NAME) DANESE	
31. NAME OF FATHER/PARENT - FIRST MICHAEL		32. MIDDLE -	
33. LAST FALK		34. BIRTH STATE NY	
35. NAME OF MOTHER/PARENT - FIRST MADLINE		36. MIDDLE -	
37. LAST (BIRTH NAME) HAUKHAUSER		38. BIRTH STATE NY	
39. DISPOSITION DATE mm/dd/yyyy 06/27/2011		40. PLACE OF FINAL DISPOSITION PIERCE BROTHERS WESTWOOD MEMORIAL PK	
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF CA BALMER [REDACTED]	
43. LICENSE NUMBER [REDACTED]		44. NAME OF FUNERAL ESTABLISHMENT PIERCE BROTHERS WESTWOOD	
45. LICENSE NUMBER 951		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47. DATE mm/dd/yyyy 06/27/2011		101. PLACE OF DEATH RESIDENCE	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EVOP <input type="checkbox"/> DQA <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1004 N. ROXBURY DRIVE	
106. CITY BEVERLY HILLS		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, ventilator deactivation without showing the etiology. DO NOT abbreviate. (A) CARDIORESPIRATORY ARREST (B) PNEUMONIA (C) ADVANCED ALZHEIMERS DEMENTIA	
108. TIME INTERVAL BETWEEN ONSET AND DEATH (AT) MINS		109. DEATH REPORTED TO CORONER? <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. 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: [REDACTED] Decedent Last Seen Alive: [REDACTED]		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116. LICENSE NUMBER [REDACTED]		117. DATE mm/dd/yyyy 06/24/2011	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GLEN ISAMU KOMATSU M.D.		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"/> Could not be determined	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy [REDACTED]	
122. HOUR (24 Hours) [REDACTED]		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) [REDACTED]	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) [REDACTED]			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) [REDACTED]			
126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]		127. DATE mm/dd/yyyy [REDACTED]	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER [REDACTED]	
STATE REGISTRAR	A	B	C
	D	E	
010001001814127		FAX AUTH.#	
		GENSUS TRACT	

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.

Jonathan E. Fielding MD
 VD

DATE ISSUED

JUL - 7 2011



Director of Public Health and Registrar

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

