

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052019069675

CERTIFICATE OF DEATH

3201919015702

STATE FILE NUMBER

USE BLACK INK ONLY / NO ERASERS, SPINOUTS OR ALTERATIONS

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST (Given): **ERMIAS**
 2. MIDDLE: **JOSEPH**
 3. LAST (Family): **ASGHEDOM**

4. DATE OF BIRTH: **08/15/1985**
 5. AGE YRS: **33**
 6. UNDER ONE YEAR: Months: **0** Days: **0**
 7. UNDER 24 - CURE: Hours: **0** Minutes: **0**
 8. SEX: **M**

9. BIRTH STATE/FOREIGN COUNTRY: **CA**
 10. SOCIAL SECURITY NUMBER: [REDACTED]
 11. EVER IN U.S. ARMED FORCES? YES NO J-N-K
 12. MARITAL STATUS/SEXP at time of death: **NEVER MARRIED**
 13. EDUCATION - Highest Level/Degree (see worksheet on back): **10**
 14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? YES NO
 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back): **AFRICAN AMERICAN**

17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED: **ARTIST AND ENTREPRENEUR**
 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): **ENTERTAINMENT AND REAL ESTATE**
 19. YEARS IN OCCUPATION: **23**

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location): [REDACTED]
 21. CITY: **LOS ANGELES**
 22. COUNTY/PROVINCE: **LOS ANGELES**
 23. ZIP CODE: **90043**
 24. YEARS IN COUNTY: **33**
 25. STATE/FOREIGN COUNTRY: **CA**

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP: **ANGELIQUE SMITH, MOTHER**

SPOUSE/SPRP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SPRP - FIRST: [REDACTED] MIDDLE: [REDACTED] LAST BIRTH NAME: [REDACTED]
 29. MIDDLE: [REDACTED] 30. LAST BIRTH NAME: [REDACTED]
 31. NAME OF FATHER/PARENT - FIRST: **DAWIT** 32. MIDDLE: [REDACTED] 33. LAST: **ASGHEDOM** 34. BIRTH STATE: **ERITREA**
 35. NAME OF MOTHER/PARENT - FIRST: **ANGELIQUE** 36. MIDDLE: **KATHLEEN** 37. LAST BIRTH NAME: **BOUTTE** 38. BIRTH STATE: **CA**

FUNERAL DIRECTORY LOCAL REGISTRAR

39. DISPOSITION DATE: **04/11/2019**
 40. PLACE OF FINAL DISPOSITION: **FOREST LAWN MEMORIAL PARK**
6300 FOREST LAWN DRIVE, LOS ANGELES, CA 90068
 41. TYPE OF DISPOSITION: **BU**
 42. LICENSE NUMBER: **EMB9073**
 43. SIGNATURE OF REGISTRAR: [REDACTED]
 44. NAME OF FUNERAL ESTABLISHMENT: **ANGELUS FUNERAL HOME**
 45. LICENSE NUMBER: **FD 243**
 46. SIGNATURE OF LOCAL REGISTRAR: [REDACTED]
 47. DATE: **04/04/2019**

PLACE OF DEATH

101. PLACE OF DEATH: **CALIFORNIA HOSPITAL MEDICAL CENTER**
 102. HOSPITAL SPECIFY ONE: HED HED- LCA Hospice Home Other
 103. IF OTHER THAN HOSPITAL SPECIFY ONE: Home Hospice Other
 104. COUNTY: **LOS ANGELES**
 105. CITY ADDRESS OR LOCATION (Street, P.O. Box and number, or location): **1401 SOUTH GRAND AVENUE**
 106. CITY: **LOS ANGELES**

CAUSE OF DEATH

107. CAUSE OF DEATH: **GUNSHOT WOUNDS OF THE HEAD AND TORSO**
 108. DEATH REPORTED TO CORONER? YES NO
 109. RPDY: **RAPID** 2019-02546
 110. EXOPSY PERFORMED? YES NO
 111. ALTOPIY PERFORMED? YES NO
 112. USED IN OTHER PUBLIC GALLERY? YES NO

113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107): **NONE**
 114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date): **NO**
 115. IF FEMALE, PREGNANT IN LAST YEAR? YES NO J-N-K

PHYSICIAN'S CERTIFICATION

116. 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]
 117. SIGNATURE AND TITLE OF CERTIFIER: [REDACTED] 118. LICENSE NUMBER: [REDACTED] 119. DATE: [REDACTED]
 120. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: [REDACTED]

CORONER'S USE ONLY

121. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
 MAN. VET. OF DEATH: Natural Accidental Homicide E.K.J. Pending Investigation Qualifier determined
 122. INJURED AT WORK? YES NO UNK
 123. INJURY DATE: **03/31/2019** 124. HOUR: **1520**
 125. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.): **SHOPPING CENTER PARKING LOT**
 126. DESCRIBE HOW INJURY OCCURRED (events which resulted in injury): **GUNSHOT WOUNDS AT HANDS OF ANOTHER**
 127. LOCATION OF INJURY (Street and number, or location, and city, and zip): **3420 W. SLAUSON AVENUE, LOS ANGELES, CA 90043**

128. SIGNATURE OF CORONER / DEPUTY CORONER: [REDACTED] 129. DATE: **04/04/2019** 130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: **REGINA AUGUSTINE, DEP. CORONER**

STATE REGISTRAR: A B C D E [REDACTED] FAX AUTH. [REDACTED] CENSUS TRACT [REDACTED]

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

* I 0 0 0 1 2 8 9 2 *