

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016249259

CERTIFICATE OF DEATH

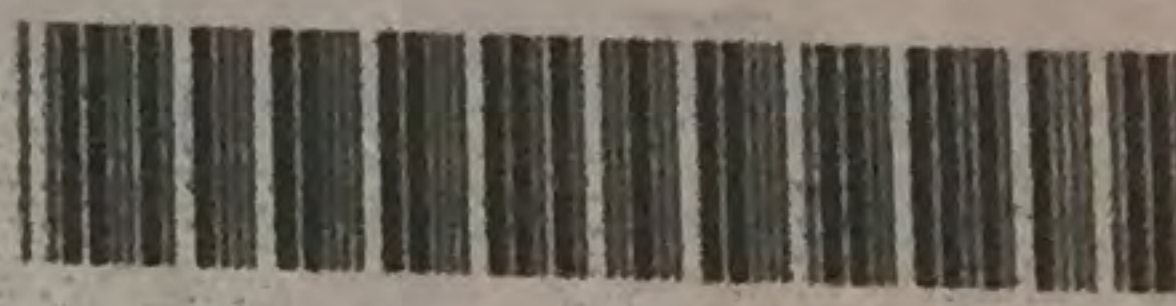
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STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ZSA ZSA		3. LAST (Family) GABOR	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/ccyy 02/06/1917	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		5. AGE Yrs. 99	
9. BIRTH STATE/FOREIGN COUNTRY HUNGARY		6. SEX F	
10. SOCIAL SECURITY NUMBER [REDACTED]		7. DATE OF DEATH mm/dd/ccyy 12/18/2016	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		8. HOUR (24 Hours) 1349	
12. MARITAL STATUS/SRDP (at Time of Death) MARRIED		13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S	
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) HUNGARIAN, 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 82		20. DECEDENT'S RESIDENCE (Street and number, or location) [REDACTED]	
21. CITY [REDACTED]		22. COUNTY/PROVINCE [REDACTED]	
23. ZIP CODE [REDACTED]		24. YEARS IN COUNTY 51	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP FREDERIC VON ANHALT, HUSBAND	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) [REDACTED]		28. NAME OF SURVIVING SPOUSE/SRDP - FIRST FREDERIC	
29. MIDDLE -		30. LAST (BIRTH NAME) PRINZ VON ANHALT	
31. NAME OF FATHER/PARENT - FIRST WILMOS		32. MIDDLE -	
33. LAST GABOR		34. BIRTH STATE HUNGARY	
35. NAME OF MOTHER/PARENT - FIRST JOLIE		36. MIDDLE -	
37. LAST (BIRTH NAME) UNKNOWN		38. BIRTH STATE HUNGARY	
39. DISPOSITION DATE mm/dd/ccyy 12/22/2016		40. PLACE OF FINAL DISPOSITION PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK 1218 GLENDON AVENUE, LOS ANGELES, CA 90024	
41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF EMBALMER [REDACTED]	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT PIERCE BROTHERS WESTWOOD VILLAGE MEMORIAL PARK & MORTUARY	
45. LICENSE NUMBER FD951		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]	
47. DATE mm/dd/ccyy 12/21/2016		101. PLACE OF DEATH RONALD REAGAN UCLA MEDICAL CENTER	
102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input 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) 757 WESTWOOD PLAZA	
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 ventilator dislodgement without showing the etiology. DO NOT ABBREVIATE. (A) IMMEDIATE CAUSE (Final disease or condition resulting in death) CARDIOPULMONARY ARREST (B) CORONARY ARTERY DISEASE (C) CEREBRAL VASCULAR DISEASE (D) [REDACTED] Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	
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 CEREBROVASCULAR ACCIDENT, COMA		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: 07/01/2016 Decedent Last Seen Alive: 12/10/2016		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]	
116. LICENSE NUMBER G37753		117. DATE mm/dd/ccyy 12/21/2016	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RONALD P KARLSBERG M.D. 414 NORTH CAMDEN DR #1100, BEVERLY HILLS, CA 90066		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/ccyy	
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/ccyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		STATE REGISTRAR: A B C D E	
FAX AUTH.#		CENSUS TRACT	

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.

Ronald P. Karlsberg, MD
Director of Public Health and Registrar

DATE ISSUED
DEC 27 2016



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

PBNC0 (REV) 10/12

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

