STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11REV 3/06)

STATE FILE NUMBER [redacted] — LOCAL REGISTRATION NUMBER [redacted]

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
EDWARD	LODEWIJK	VAN HALEN

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST)

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months	Days	IF UNDER 24 HOURS Hours	Minutes	6. SEX
01/26/1955	65					M

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP* (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
NETHRLNDS	[redacted]	☐ YES ☒ NO ☐ UNK	MARRIED	10/06/2020	1014

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	☐ YES ☒ NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
MUSICIAN	MUSIC	42

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location) [redacted]

21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
LOS ANGELES	LOS ANGELES	[redacted]	40	CALIFORNIA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	[redacted]
WOLFGANG VAN HALEN, SON	

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP*–FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
JANIE	-	LISZEWSKI	
31. NAME OF FATHER/PARENT–FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
JAN	-	VAN HALEN	NETHRLNDS
35. NAME OF MOTHER/PARENT–FIRST	36. MIDDLE	37. LAST (BIRTH NAME)	38. BIRTH STATE
EUGENIA	-	VAN BEERS	NETHRLNDS

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION	43. LICENSE NUMBER
10/28/2020	RESIDENCE - WOLFGANG VAN HALEN [redacted]	-

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	47. DATE mm/dd/ccyy
CR/RES	[redacted]	10/26/2020

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR
FOREST LAWN MEMORIAL-PARKS & MORTUARIES	[redacted]	[redacted]

PLACE OF DEATH

101. PLACE OF DEATH: PROVIDENCE SAINT JOHN'S HEALTH CENTER

102. IF HOSPITAL, SPECIFY ONE: ☒ IP ☐ ER/OP ☐ DOA

103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)	106. CITY
LOS ANGELES	2121 SANTA MONICA BLVD	SANTA MONICA

CAUSE OF DEATH

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 ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

		Time interval between Onset and Death	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death)	(A) CEREBROVASCULAR ACCIDENT	(AT) 48 HRS	☐ YES ☒ NO
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	(B) PNEUMONIA	(BT) 1 MO	109. BIOPSY PERFORMED? ☐ YES ☒ NO
	(C) MYELODYSPLASTIC SYNDROME	(CT) 5 MOS	110. AUTOPSY PERFORMED? ☐ YES ☒ NO
	(D) LUNG CANCER	(DT) 3 YRS	111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107
SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK, ATRIAL FIBRILLATION

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)	113A. IF FEMALE, PREGNANT IN LAST YEAR?
NO	☐ YES ☐ NO ☐ UNK

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.	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
Decedent Attended Since: (A) mm/dd/ccyy 10/16/2018 — Decedent Last Seen Alive: (B) mm/dd/ccyy 10/06/2020	[redacted]	G53715	10/20/2020

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: STEVEN JAY LEVINE M.D. [redacted]

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined	120. INJURED AT WORK? ☐ YES ☐ NO ☐ 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	127. DATE mm/dd/ccyy	128. TYPE NAME, TITLE 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

I00014715

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.

[signature], MD — DATE ISSUED DEC -4 2020

Health Officer and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE