CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 0190-006196

STATE FILE NUMBER

DECEDENT PERSONAL DATA

- 1a. NAME OF DECEASED—FIRST NAME: Salvatore
- 1b. MIDDLE NAME:
- 1c. LAST NAME: Mineo
- 2a. DATE OF DEATH—MONTH, DAY, YEAR: 2-12-76
- 2b. HOUR: 2155 hrs.
- 3. SEX: Male
- 4. COLOR OR RACE: Caucasian
- 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York
- 6. DATE OF BIRTH: Jan. 10,1939
- 7. AGE (LAST BIRTHDAY): 37 YEARS
- 8. NAME AND BIRTHPLACE OF FATHER: Salvatore Mineo, Sicily
- 9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Josephine Alvisi, Unknown
- 10. CITIZEN OF WHAT COUNTRY: U.S.A.
- 11. SOCIAL SECURITY NUMBER: 134-36-4678
- 12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Never Married
- 13. NAME OF SURVIVING SPOUSE: None
- 14. LAST OCCUPATION: Actor
- 15. NUMBER OF YEARS IN THIS OCCUPATION: 20
- 16. NAME OF LAST EMPLOYING COMPANY OR FIRM: Self Employed
- 17. KIND OF INDUSTRY OR BUSINESS: Movies,T.V. Theatre

PLACE OF DEATH

- 18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY:
- 18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): rear of 8567 Holloway Drive
- 18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 18d. CITY OR TOWN: West Los Angeles
- 18e. COUNTY: Los Angeles
- 18f. LENGTH OF STAY IN COUNTY OF DEATH: 20 YEARS
- 18g. LENGTH OF STAY IN CALIFORNIA: 20 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

- 19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 8569 Holloway Drive
- 19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
- 19c. CITY OR TOWN: West Los Angeles
- 19d. COUNTY: Los Angeles
- 19e. STATE: California
- 20. NAME AND MAILING ADDRESS OF INFORMANT: Mrs. Josephine Mineo, 83 West Street, Harrison, New York 10528

PHYSICIAN'S OR CORONER'S CERTIFICATION

- 21a. CORONER: Investigation
- 21b. PHYSICIAN:
- 21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: THOMAS T. NOGUCHI, M.D., CORONER — Roy D. Smith, DEPUTY
- 21d. DATE SIGNED: 2-13-76
- 21e. ADDRESS: 1104 N. MISSION RD. LOS ANGELES, CALIF.
- 21f. LICENSE NUMBER:

FUNERAL DIRECTOR AND LOCAL REGISTRAR

- 22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
- 22b. DATE: Feb.17,1976
- 23. NAME OF CEMETERY OR CREMATORY: Gate of Heaven, Mamaroneck N.Y.
- 24. EMBALMER—SIGNATURE: [signature] LICENSE NUMBER: 4550
- 25. NAME OF FUNERAL DIRECTOR: O'Neill Funeral Home
- 26.
- 27. LOCAL REGISTRAR—SIGNATURE: [signature]
- 28. DATE ACCEPTED FOR REGISTRATION: FEB 14 1976

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

- IMMEDIATE CAUSE (A): MASSIVE HEMORRHAGE.
- DUE TO, OR AS A CONSEQUENCE OF (B): STAB WOUND TO CHEST, PERFORATING THE HEART.
- DUE TO, OR AS A CONSEQUENCE OF (C):

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

- 30. PART II. OTHER SIGNIFICANT CONDITIONS:
- 31. OPERATION: No
- 32a. AUTOPSY: Yes
- 32b.: Yes

INJURY INFORMATION

- 33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE: Homicide
- 34. PLACE OF INJURY: alley
- 35. INJURY AT WORK: No
- 36a. DATE OF INJURY—MONTH, DAY, YEAR: 2-12-76
- 36b. HOUR: 2130 hrs.
- 37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): rear of 8567 Holloway Drive/West Los Angeles
- 37b. DISTANCE FROM PLACE OF INJURY: 0 MILES
- 38.: Yes
- 39.: Yes
- 40. DESCRIBE HOW INJURY OCCURRED: As above, by unknown person(s).

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STATE REGISTRAR

A.	B.	C.	D.	E.	F.
					61-9-4-

Breton 12:00 11 Ap...

COUNTY OF LOS ANGELES

CASE REPORT

THOMAS T. NOGUCHI, M.D.
CHIEF MEDICAL EXAMINER-CORONER

1

Crypt # 103

Tape # 1-3A Start 548 End 560

REPORTED AS: ☐ Natural ☒ Homicide ☐ In Custody ☐ Accident ☐ Undetermined ☐ Nursing Home ☐ Suicide ☐ At Work

76-1953
MINEO SAL
000 2 12 76
HOMICIDE 103

STAB WOUND TO (L) CHEST.

Case No. 76-1953 Taken by Shelton Phone at Scene:

Post Mortem at CME, Coroner. Request of

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
SAL		MINEO	2-12-76	2155

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	Cauc		1-10-39	37 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
	Rear 8567 Holloway Dr. WLA.	yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
W. L.A.	LA	YEARS	YEARS

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
8569 HOLLOWAY DR APT. 1	yes	

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
W. L.A.	LA	Cal.

Reported by RASURE Address LASO Phone

Date 2-13-76 Time 0015 Pronounced Dead by RA 7

Investigating Agency LASO HOMI & CORONER Officer SGT. PIA.

Date Time Hospital No. Religion

Next of Kin JOSEPHINE MINEO Address 83 WEST. ST. HARRISON, N.Y.

Relationship MOTHER Phone Notified by LASO. yes Date and Time 2-13-76

Personal I.D. By: Address

City Relationship Phone Initials and Date

DPSS Case Number

Vet. ☐ Yes ☐ No

C#

SERIAL #

Brought in by Basha

Date and Time 2-13-76 0220

Prints ☒ Yes ☐ No
Property ☒ Yes ☐ No
Clothing ☒ Yes ☐ No
Door Sealed ☐ Yes ☒ No

Weight 144 lbs.
Height 67 In.
Hair Blk
Eyes Brn
Teeth U. Own L. Own

Mustache no
Beard no
Tattoo no
Deformity no
Body STAB WOUND (L) CHEST.
Condition Viewable

Basha Deputy

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR
HOMICIDE	ALLEY	no	2-12-76	2130 hrs.

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS?	39. WERE LABORATORY TESTS DONE FOR ALCOHOL?
REAR 8567 HOLLOWAY DR W.L.A.	0 MILES	YES	YES

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 24)

AS ABOVE BY UNKNOWN PERSON. (S)

Assigned to Dr. CERTIFICATE MADE DEFERRED ☐ By FINAL ☐ By

CERTIFICATE ISSUED: TO MORTUARY DEFERRED By FINAL By RDS 2-13-76

76C105B4 - (REV. 7/73) (1/72) - Cdb 6-75