

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH 0190-022472

| | | | | | | | |
|---|---------------------------|--|---|--|--|--|--|
| STATE FILE NUMBER | | STATE OF CALIFORNIA | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | | | |
| 1A. NAME OF DECEDENT—FIRST | | 1B. MIDDLE | 1C. LAST | | 2A. DATE OF DEATH (MONTH, DAY, YEAR) 12B. HOUR | | |
| Andrew | | G. | Kaufman | | May 16, 1984 1827 | | |
| 3. SEX | 4. RACE/ETHNICITY | 5. SPANISH/HISPANIC | 6. DATE OF BIRTH | | 7. AGE | IF UNDER 1 YEAR MONTHS DAYS | |
| Male | White/Jewish | NO | January 17, 1949 | | 35 | YEARS | |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) | | 9. NAME AND BIRTHPLACE OF FATHER | | | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER | | |
| New York | | Stanley Kaufman, New York | | | Janice Bernstein, New York | | |
| 11. CITIZEN OF WHAT COUNTRY | | 12. SOCIAL SECURITY NUMBER | | 13. MARITAL STATUS | | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) | |
| USA | | 112-36-5432 | | Never Married | | | |
| 15. PRIMARY OCCUPATION | | 16. NUMBER OF YEARS THIS OCCUPATION | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) | | 18. KIND OF INDUSTRY OR BUSINESS | | |
| Entertainer | | 12 | Self Employed | | Entertainment | | |
| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) | | | 19B. | | 19C. CITY OR TOWN | | |
| 300 Lombard Ave. | | | | | Pacific Palisades | | |
| 19D. COUNTY | | 19E. STATE | | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP | | | |
| Los Angeles | | California | | Stanley Kaufman father 21 Grassfield Rd. Great Neck, New York 11024 | | | |
| 21A. PLACE OF DEATH | | 21B. COUNTY | | | | | |
| Cedars Sinai Medical Center | | Los Angeles | | | | | |
| 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) | | 21D. CITY OR TOWN | | | | | |
| 8700 Beverly Blvd. | | Los Angeles | | | | | |
| 22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE | | (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) | | | | 24. WAS DEATH REPORTED TO CORONER? | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. | | (A) | renal failure | 48 hrs | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | 25. WAS BIOPSY PERFORMED? | |
| | | (B) | metastatic carcinoma | 4 mos | | yes | |
| | | (C) | primary bronchogenic carcinoma | 5 mo | | 26. WAS AUTOPSY PERFORMED? | |
| | | | | | | no | |
| 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A | | | | 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION | | DATE | |
| | | | | no | | | |
| 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER | | |
| 1-11-79 | | Steven B Rubins MD | | 5-17-84 | G13497 | | |
| LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) | | 28E. TYPE PHYSICIAN'S NAME AND ADDRESS | | | | | |
| 5-16-84 | | 435 No. Roxbury Dr. #300 Beverly Hills, CA 90210 | | | | | |
| 29. SPECIFY ACCIDENT, SUICIDE, ETC. | | 30. PLACE OF INJURY | | 31. INJURY AT WORK | | 32A. DATE OF INJURY—MONTH, DAY, YEAR 32B. HOUR | |
| | | | | | | | |
| 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | | | | | |
| | | | | | | | |
| 35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN INQUEST/INVESTIGATION | | | | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE | | 35C. DATE SIGNED | |
| | | | | | | | |
| 36. DISPOSITION | 37. DATE—MONTH, DAY, YEAR | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY | | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE | | | |
| Burial | 5/17/84 | Beth David Cemetery Elmont, New York | | 5599 Lawrence A. Kato | | | |
| 40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) | | 40B. LICENSE NO. | 41. LOCAL REGISTRAR—SIGNATURE | | 42. DATE ACCEPTED BY LOCAL REGISTRAR | | |
| Hillside Mem. Pk. Mort. | | 1358 | | | MAY 17 1984 | | |
| STATE REGISTRAR | A. | B. | C. | D. | E. | F. | |
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This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
CONNY B. McCORMACK
Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

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