

CERTIFICATION OF VITAL RECORD

126655

BOOK 760 PAGE 671

,K 87745 jw

COUNTY of SOLANO

RETURN TO:  
ERNEST WEISSER  
586 Green Ave.  
San Bruno, Ca. 94066

HEALTH DEPARTMENT  
355 TUOLUMNE ST.  
VALLEJO, CALIFORNIA 94590

CERTIFICATE OF DEATH

1 NAME OF DECEASED - FIRST LAST		2 MIDDLE		3 LAST NAME		4 SEX		5 RACE		6 YEAR	
FATHLEEN		Ann		WEISSER		F		Caucasian		1945	
7 DATE OF BIRTH MM/DD/CCYY		8 AGE		9 PLACE & TIME OF DEATH		10 UNDER 25 HOURS		11 DATE OF DEATH MM/DD/CCYY		12 HOUR	
05/19/1947		46		Vallejo, CA		[X] Home		05/03/1994		1545	
13 STATE OF BIRTH		14 SOCIAL SECURITY NO.		15 MARRIAGE		16 PREVIOUS MARRIAGES		17 PREVIOUS MARRIAGES COMPLETE			
OR				Married		12					
18 OCCUPATION		19 TYPE OF BUSINESS		20 YEARS IN OCCUPATION							
Secretary/Clerk		Education		7							
21 USUAL RESIDENCE		22 COUNTY		23 ZIP CODE		24 YEAR IN COUNTY		25 STATE OF FOREIGN COUNTRY			
1429 Glen Street		Solano		94590		8		CA			
26 NAME OF INFORMANT		27 ADDRESS OF INFORMANT		28 NAME OF SPOUSE		29 LAST NAME		30 DATE OF BIRTH		31 OR	
Ernest A. Weisser - Husband		1429 Glen Street, Vallejo, CA 94590		Ernest		Weisser				OR	
32 NAME OF SPOUSE		33 LAST NAME		34 DATE OF BIRTH		35 OR		36 NAME OF SPOUSE		37 DATE OF BIRTH	
Joseph		Bel				OR		Albert		OR	
38 NAME OF SPOUSE		39 LAST NAME		40 DATE OF BIRTH		41 OR		42 NAME OF SPOUSE		43 DATE OF BIRTH	
Albert		Math				OR					
44 DATE OF DEATH		45 PLACE OF DEATH		46 NAME OF FUNERAL HOME		47 LICENSE NO.		48 STATE OF LOCAL REGISTRATION		49 DATE OF LOCAL REGISTRATION	
05/06/1994		Res: Ernest Weisser, 1429 Glen Street, Vallejo, CA 94590		Skyler Memorial Lawn		ED-1130		CA		05/03/1994	
50 NAME OF FUNERAL HOME		51 ADDRESS OF FUNERAL HOME		52 CITY		53 STATE		54 ZIP CODE		55 COUNTY	
Skyler Memorial Lawn		75 Sereno Drive		Vallejo		CA		94590		Solano	
56 IMMEDIATE CAUSE		57 UNDERLYING CAUSE		58 PERIOD OF ILLNESS		59 MONTHS		60 FOR DEATH REPORTED TO CORONER		61 YES	
GLOBLASTOMA MULTIFORME								[X] YES		[ ] NO	
62 DUE TO		63 DUE TO		64 DUE TO		65 DUE TO		66 FOR DEATH REPORTED TO CORONER		67 YES	
								[X] YES		[ ] NO	
68 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		69 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112?		70 YES		71 DATE		72 TYPE OF OPERATION		73 DATE	
		POSTERIOR FOSSA CRANIECTOMY		10/24/1993							
74 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		75 SIGNATURE OF REGISTRAR		76 LICENSE NO.		77 DATE MM/DD/CCYY		78 SIGNATURE OF CORONER		79 DATE MM/DD/CCYY	
		[Signature]		G-68935		05/02/1994					
80 CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		81 SIGNATURE OF CORONER		82 LICENSE NO.		83 DATE MM/DD/CCYY		84 SIGNATURE OF DEPUTY CORONER		85 DATE MM/DD/CCYY	
		Helissa Whitney, MD		945 Sereno Dr., Vallejo, CA. 94589							
86 MANNER OF DEATH		87 NATURAL		88 SUICIDE		89 HOMICIDE		90 ACCIDENT		91 PENDING INVESTIGATION	
		[X] YES		[ ] NO		[ ] NO		[ ] NO		[ ] NO	
92 SIGNATURE OF CORONER OR DEPUTY CORONER		93 DATE MM/DD/CCYY		94 TYPE NAME, TITLE OF CORONER OR DEPUTY CORONER		95 STATE REGISTRAR		96 FAX AUTH. #		97 CENSUS TRACT	
[Signature]						A					

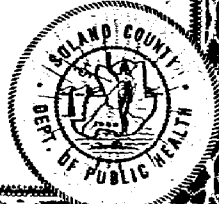
FILED FOR RECORD  
SKANIAN CO WASH  
BY *Ching THe*  
Nov 8 3 50 PM '96  
*Laury*  
AUDITOR  
GARY H. OLSON

47041

STATE OF CALIFORNIA }  
COUNTY OF SOLANO }  
DATE ISSUED 05/03/1994

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY DEPARTMENT OF PUBLIC HEALTH, VALLEJO, CALIFORNIA.

*Thomas Charron*  
THOMAS CHARRON, M.D.  
HEALTH OFFICER  
AND LOCAL REGISTRAR



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE