

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016122327

CERTIFICATE OF DEATH

3201619027563

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITE OUTS OR ALTERATIONS VS-1 (REV. 3/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ANTON		2. MIDDLE V.		3. LAST (family) YELCHIN			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 03/11/1989		5. AGE Yrs 27		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY RUSSIA		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP ¹ (at Time of Death) NEVER MARRIED	
13. EDUCATION - Highest Level/Degree (use worksheet on back) HS GRADUATE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		16. DATE OF DEATH mm/dd/yyyy 06/19/2016	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ACTOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) ENTERTAINMENT		19. YEARS IN OCCUPATION 18			
20. DECEDENT'S RESIDENCE (street and number, or location)							
21. CITY STUDIO CITY		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91604		24. YEARS IN COUNTY 27	
25. STATE/FOREIGN COUNTRY CA							
26. INFORMANT'S NAME, RELATIONSHIP VICTOR YELCHIN, FATHER		27. INFORMANT'S MAILING ADDRESS (street and number, or care of, or PO box number, city or town, state and zip)					
28. NAME OF SURVIVING SPOUSE/SRDP ¹ - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)			
31. NAME OF FATHER/PARENT - FIRST VICTOR		32. MIDDLE A.		33. LAST (BIRTH NAME) YELCHIN		34. BIRTH STATE RUSSIA	
35. NAME OF MOTHER/PARENT - FIRST IRINA		36. MIDDLE G.		37. LAST (BIRTH NAME) KORINA		38. BIRTH STATE RUSSIA	
39. DISPOSITION DATE mm/dd/yyyy 06/24/2016		40. PLACE OF FINAL DISPOSITION MOUNT SINAI MEMORIAL PARK 5950 FOREST LAWN DR. LOS ANGELES, CA 90068					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF ENSEMBLER		43. LICENSE NUMBER		44. DATE mm/dd/yyyy 08/21/2016	
45. NAME OF FUNERAL ESTABLISHMENT MOUNT SINAI MORTUARY		46. LICENSE NUMBER FD1010		47. SIGNATURE OF LOCAL REGISTRAR		48. DATE mm/dd/yyyy	
101. PLACE OF DEATH DRIVEWAY		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input type="checkbox"/> Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Mortuary <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other		104. COUNTY LOS ANGELES	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (street and number, or location) 3866 BERRY DRIVE		106. CITY STUDIO CITY		107. CAUSE OF DEATH Enter the underlying cause - disease, trauma, or complications - that directly caused death. DO NOT enter terminal event only unless cardiac arrest, respiratory arrest, or circulatory arrest without knowing the reason. (See ICD-10) (Mandatory) BLUNT TRAUMATIC ASPHYXIA			
108. IMMEDIATE CAUSE OF DEATH Blunt trauma		109. MANNER OF DEATH Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Could not be determined <input type="checkbox"/>		110. TIME INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE RAPID		111. IF DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. IF DEATH REPORTED TO CORONER 113A. IF PEOPLE PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		114. IF DEATH REPORTED TO CORONER 114A. IF PEOPLE PRESENT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		115. SIGNATURE AND TITLE OF CERTIFIER REGINA AUGUSTINE, DEP. CORONER	
116. TYPE OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO		117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. LICENSE NUMBER		119. DATE mm/dd/yyyy	
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 06/18/2016		122. HOUR (24 Hours) UNK		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) DRIVEWAY	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) PINNED BETWEEN BACK OF HIS VEHICLE AND GATE OF RESIDENCE DRIVEWAY		125. LOCATION OF INJURY (street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy 06/21/2016		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP. CORONER			
STATE REGISTRAR		A B C D E		FAX AUTH/L		CENSUS TRACT	

NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health. The Registrar's signature in purple ink.

Regina Augustine, MD
VF
Director of Public Health and Registrar

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JUN 22 2016

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

