

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

3052023203191

OAKLAND, CALIFORNIA

CERTIFICATE OF DEATH

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

3202301007032

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) HOWARD		2. MIDDLE -		3. LAST (Family) WEISBAUM			
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					4. DATE OF BIRTH mm/dd/yyyy 10/06/1954	5. AGE Yrs. 68	6. SEX M
	9. BIRTH STATE/FOREIGN COUNTRY UNK	10. SOCIAL SECURITY NUMBER [REDACTED]	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) DIVORCED		7. DATE OF DEATH mm/dd/yyyy 08/29/2023	8. HOUR (24 Hours) 1830
	13. EDUCATION - Highest Level/Degree (see worksheet on back) BACHELOR		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> UNKNOWN		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) UNKNOWN			
USUAL RESIDENCE	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED SUBSTITUTE TEACHER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) EDUCATION				19. YEARS IN OCCUPATION UNK	
	20. DECEDENT'S RESIDENCE (Street and number, or location) 2001 ALLSTON WAY #403							
	21. CITY BERKELEY		22. COUNTY/PROVINCE ALAMEDA		23. ZIP CODE 94704		24. YEARS IN COUNTY UNK	25. STATE/FOREIGN COUNTRY CA
	26. INFORMANT'S NAME, RELATIONSHIP GRISSOM'S CHAPEL AND MORT, MORTUARY		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 267 E. LEWELLING BLVD, SAN LORENZO, CA 94580					
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -			
	31. NAME OF FATHER/PARENT - FIRST UNK		32. MIDDLE UNK		33. LAST UNK		34. BIRTH STATE UNK	
	35. NAME OF MOTHER/PARENT - FIRST UNK		36. MIDDLE UNK		37. LAST (BIRTH NAME) UNK		38. BIRTH STATE UNK	
	39. DISPOSITION DATE mm/dd/yyyy 09/18/2023		40. PLACE OF FINAL DISPOSITION GRISSOM'S CHAPEL AND MORTUARY 267 E. LEWELLING BLVD, SAN LORENZO, CA 94580					
FUNERAL DIRECTOR/LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) TEMPORARY ENVAULTMENT		42. SIGNATURE OF EMBALMER [REDACTED]				43. LICENSE NUMBER -	
	44. NAME OF FUNERAL ESTABLISHMENT GRISSOM'S CHAPEL & MORTUARY		45. LICENSE NUMBER FD1205		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		47. DATE mm/dd/yyyy 09/18/2023	
	101. PLACE OF DEATH CROWN BAY NURSING REHABILITATION CENTER							
	104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 508 WESTLINE DRIVE		106. CITY ALAMEDA			
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. (A) PROSTATE CANCER (B) _____ (C) _____ (D) _____ 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						108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (AT) _____ YRS (BT) _____ (CT) _____ (DT) _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	109. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other						110. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 CORONARY ARTERY DISEASE. HYPERTENSION, CONGESTIVE HEART FAILURE, CEREBROVASCULAR ACCIDENT	
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO						113A. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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. Decedent Attended Since _____ Decedent Last Seen Alive _____ (A) mm/dd/yyyy (B) mm/dd/yyyy 08/07/2023 08/29/2023		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER 20A6834		117. DATE mm/dd/yyyy 09/18/2023	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE JAMES M. YEH, DO 2070 CLINTON AVE, ALAMEDA, CA 94501							
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 1 OF 2							
CORONER'S USE ONLY	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 [REDACTED]				127. DATE mm/dd/yyyy			
	128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER							

STATE REGISTRAR	A	B	C	D	E	FAX AUTH.#	CENSUS TRACT
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000538886

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

OCT 09 2023

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

* 000538886 *

Melissa Wilk
Melissa Wilk
COUNTY CLERK-RECORDER

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

AFFIDAVIT TO AMEND A RECORD

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3052023203191

STATE FILE NUMBER

1.1

3202301007032

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST HOWARD	1B. MIDDLE -	1C. LAST WEISBAUM
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 08/29/2023	4. CITY OF EVENT ALAMEDA
	5. COUNTY OF EVENT ALAMEDA		
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD UNK UNK UNK		7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD UNK UNK UNK

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
9	UNK	CA
11	U	N
14	U	N
15	UNKNOWN	
16	UNKNOWN	
19	UNK	WHITE
26	GRISOM'S CHAPEL AND MORT, MORTUARY	30 GERALD WEISBAUM, BROTHER
27	267 E. LEWELLING BLVD, SAN LORENZO, CA 94580	41999 MARGARITA ROAD #198, TEMECULA, CA 92591
31	UNK	GERALD
32	UNK	-
33	UNK	WEISBAUM
35	UNK	PALMIRA
36	UNK	-
37	UNK	ESCALET
38	UNK	PUERTO RICO
39	09/18/2023	09/26/2023
40	GRISOM'S CHAPEL AND MORTUARY 267 E. LEWELLING BLVD, SAN LORENZO, CA 94580	RES OF GERALD WEISBAUM 41999 MARGARITA ROAD #198, TEMECULA, CA 92591
41	TEMPORARY ENVAULTMENT	CREMATE/RESIDENCE

REASON FOR
CORRECTION

11. TO CORRECT PREVIOUS INFORMATION

INFORMATIONAL - NOT A VALID
DOCUMENT TO ESTABLISH IDENTITY

2 OF 2

AFFIDAVITS
AND
SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO
PERSONS
MUST SIGN
THIS FORM TO
CORRECT A
BIRTH, DEATH,
OR FETAL
DEATH
RECORD

12A. SIGNATURE OF FIRST PERSON [REDACTED]	12B. PRINTED NAME LOVETTA BROWN	12C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL HOME STAFF LEVEL
12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 267 E LEWELLING BLVD, SAN LORENZO, CA 94580		12E. DATE SIGNED—MM/DD/CCYY 09/25/2023
13A. SIGNATURE OF SECOND PERSON [REDACTED]	13B. PRINTED NAME MEGAN KINSLOW	13C. TITLE/RELATIONSHIP TO PERSON IN PART I FUNERAL ASSISTANT
13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 267 E LEWELLING BLVD, SAN LORENZO, CA 94580		13E. DATE SIGNED—MM/DD/CCYY 09/25/2023
14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR [REDACTED]		15. DATE ACCEPTED FOR REGISTRATION 09/25/2023

STATE/LOCAL
REGISTRAR
USE ONLY

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Melissa Wilk
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COUNTY CLERK-RECORDER

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