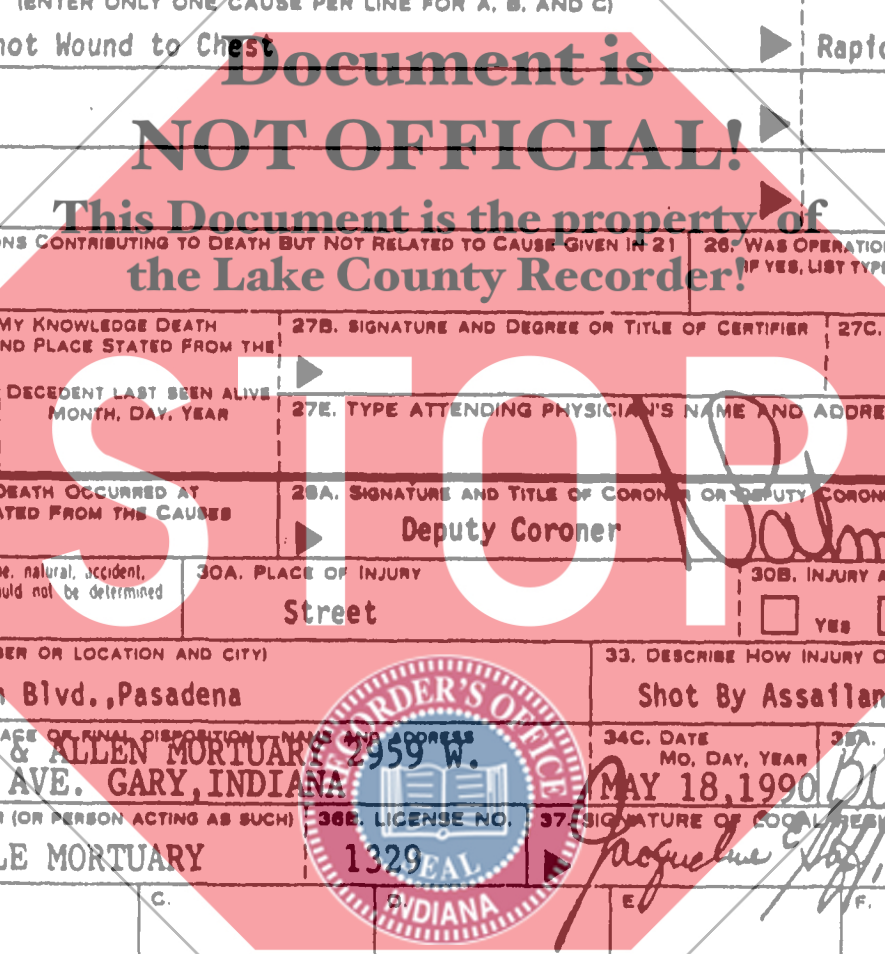


103388

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER	1A. NAME OF DECEDENT—FIRST (GIVEN) Steven		1B. MIDDLE Cal	1C. LAST (FAMILY) Carter		2A. DATE OF DEATH—MO, DAY, YR. MAY 10, 1990		2B. HOUR 2110	3. SEX MALE	
DECEDENT PERSONAL DATA	4. RACE BLACK		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO, DAY, YR. JULY 31, 1963		7. AGE IN YEARS 26	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	
	8. STATE OF BIRTH Ind.	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER CALVIN CARTER		10B. STATE OF BIRTH La.	11A. FULL MAIDEN NAME OF MOTHER GAYLE FREELAND		11B. STATE OF BIRTH Ind.		
	12. MILITARY SERVICE? 19 82 TO 19 86 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 314-78-7295		14. MARITAL STATUS MARRIED		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) THERESA ROBIN BROWN			
	16A. USUAL OCCUPATION ASSISTANT COOK		16B. USUAL KIND OF BUSINESS OR INDUSTRY HOSPITAL		16C. USUAL EMPLOYER CORNADO HOSPITAL		16D. YEARS IN OCCUPATION 2	17. EDUCATION—YEARS COMPLETED 12		
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 233 ELVARDO WAY					18B. CITY SAN DIEGO		18C. ZIP CODE 92114		
	18D. COUNTY SAN DIEGO		18E. NUMBER OF YEARS IN THIS COUNTY 5	18F. STATE OR FOREIGN COUNTRY CALIFORNIA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT THERESA R. CARTER (SPOUSE) 233 ELVARDO WAY SAN DIEGO, CALIF. 92114				
PLACE OF DEATH	19A. PLACE OF DEATH Huntington Memorial Hospital		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA ER	19C. COUNTY Los Angeles						
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 100 Congress Street			19E. CITY Pasadena		TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 90-04670 <input type="checkbox"/> NO			
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Gunshot Wound to Chest					Rapid		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO (B)							24A. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	DUE TO (C)							24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 NONE					26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
PHYSICIAN'S CERTIFICATION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED		
	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS					
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Deputy Coroner		28B. DATE SIGNED 5-15-90				
	29. MANNER OF DEATH—specify one, natural, accident, suicide, homicide, pending investigation or could not be determined Homicide		30A. PLACE OF INJURY Street		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR 5-10-90	31. HOUR approx. 2000			
	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) 254 East Washington Blvd., Pasadena				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Shot By Assailant					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S) BURIAL	34B. PLACE OF FINAL DISPOSITION NAME AND ADDRESS GUY & ALLEN MORTUARY 2959 W. 11th AVE. GARY, INDIANA			34C. DATE MO, DAY, YEAR MAY 18, 1990	35A. SIGNATURE OF EMBALMER Billy Henderson		35B. LICENSE NUMBER #6361		
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) ANDERSON-RAGSDALE MORTUARY		36B. LICENSE NO. 1329	37. SIGNATURE OF LOCAL REGISTRAR Paquelina E. Hoff, M.D.		38. REGISTRATION DATE MAY 16 1990				
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT			



CERTIFICATION STATEMENT:

This is to certify that the above is a true and correct copy of the DEATH CERTIFICATE of the above named decedent as registered in this office.

*Paquelina E. Hoff, M.D.*  
Health Officer

*Helene Nixon*  
Deputy Registrar-Vital Statistics  
Pasadena Public Health Department

Furnished for fee of \$7.00

DATE: MAY 22 1990

SEAL OF THE CITY OF PASADENA

400