

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052019045631

CERTIFICATE OF DEATH

3201919010226

STATE FILE NUMBER: 3052019045631 LOCAL REGISTRATION NUMBER: 3201919010226

1. NAME OF DECEDENT - FIRST (Given): STEVEN
 2. MIDDLE: JAMES
 3. LAST (Family): BRODY

4. DATE OF BIRTH: 05/22/1970
 5. AGE Yrs: 48
 6. SEX: M

9. BIRTH STATE/FOREIGN COUNTRY: CA
 10. SOCIAL SECURITY NUMBER: [REDACTED]
 11. EVER IN U.S. ARMED FORCES? YES [] NO [X] UNK []
 12. MARITAL STATUS/SRDP (at Time of Death): NEVER MARRIED
 7. DATE OF DEATH: 02/22/2019
 8. HOUR (24 Hours): 1252

13. EDUCATION - Highest Level Degree: BACHELOR
 14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? YES [] NO [X]
 16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back): CAUCASIAN

17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED: COMEDIAN AND ACTOR
 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.): ENTERTAINMENT
 19. YEARS IN OCCUPATION: 25

20. DECEDENT'S RESIDENCE (Street and number, or location): [REDACTED]
 21. CITY: VALLEY VILLAGE
 22. COUNTY/PROVINCE: LOS ANGELES
 23. ZIP CODE: 91607
 24. YEARS IN COUNTY: 35
 25. STATE/FOREIGN COUNTRY: CA

26. INFORMANT'S NAME, RELATIONSHIP: STEPHANIE J. BRODY, SISTER
 27. INFORMANT'S SIGNATURE: [REDACTED]

28. NAME OF SURVIVING SPOUSE/SRDP - FIRST: [REDACTED]
 29. MIDDLE: [REDACTED]
 30. LAST (BIRTH NAME): [REDACTED]

31. NAME OF FATHER/PARENT - FIRST: HARRY
 32. MIDDLE: MORRIS
 33. LAST: BRODY
 34. BIRTH STATE: AZ

35. NAME OF MOTHER/PARENT - FIRST: JACKLYN
 36. MIDDLE: MAE
 37. LAST (BIRTH NAME): STEBBINS
 38. BIRTH STATE: MI

39. DISPOSITION DATE: 03/22/2019
 40. PLACE OF FINAL DISPOSITION: [REDACTED]
 41. TYPE OF DISPOSITION(S): CR/BU/RES
 42. SIGNATURE OF FUNERAL DIRECTOR: [REDACTED]
 43. LICENSE NUMBER: [REDACTED]

44. NAME OF FUNERAL ESTABLISHMENT: FOREST LAWN MEMR PRKS & MTYS
 45. SIGNATURE OF LOCAL REGISTRAR: [REDACTED]
 46. LICENSE NUMBER: [REDACTED]
 47. DATE: 03/06/2019

101. PLACE OF DEATH: RESIDENCE
 102. IF HOSPITAL, SPECIFY ONE: [] ER/ICU [] DCA [] Hospice [] Nursing Home [] Other [X]
 103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [] Hospice [] Nursing Home [] Other [X]
 104. COUNTY: LOS ANGELES
 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): [REDACTED]
 106. CITY: VALLEY VILLAGE

107. CAUSE OF DEATH: HANGING
 IMMEDIATE CAUSE (A) HANGING
 (Final disease or condition resulting in death)
 (B) []
 (C) []
 (D) []
 108. DEATH REPORTED TO CORONER? YES [X] NO []
 109. BIOPSY PERFORMED? YES [] NO [X]
 110. AUTOPSY PERFORMED? YES [] NO [X]
 111. USED IN DETERMINING CAUSE? YES [] NO [X]

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: HISTORY OF DEPRESSION AND BIPOLAR DISORDER
 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO
 113A. IF FEMALE, PREGNANT IN LAST YEAR? YES [] NO [] UNK []

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: [REDACTED]
 Decedent Last Seen Alive: [REDACTED]
 115. SIGNATURE AND TITLE OF CERTIFIER: [REDACTED]
 116. LICENSE NUMBER: [REDACTED]
 117. DATE: [REDACTED]

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.
 MANNER OF DEATH: Natural [] Accident [] Homicide [] Suicide [X] Pending Investigation [] Could not be determined []
 120. INJURED AT WORK? YES [] NO [X] UNK []
 121. INJURY DATE: UNK
 122. HOUR (24 Hours): UNK

123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.): RESIDENCE
 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury): WITH BELT LIGATURE AROUND NECK AND SECURED THROUGH CLOSED DOOR
 125. LOCATION OF INJURY (Street and number, or location, and city, and zip): [REDACTED]

127. DATE: 02/28/2019
 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER: EVONNE D REED, DEPUTY CORONER

STATE REGISTRAR: A B C D E
 FAX AUTH.#: [REDACTED]
 CENSUS TRACT: [REDACTED]

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

Evonne D Reed, MD DATE ISSUED

MAR 13 2019



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