CITY OF NEW YORK BUREAU OF VITAL RECORDS

OCT 30 1984

VISION OF RECORDS
DEPT. OF HEALTH
BOROUGH OF BRONX
DATE FILED
OCT 9 AM 11:59

CERTIFICATE OF DEATH 156-81-209338

Certificate No.

1. NAME OF DECEASED (Type or Print) Lizzie (First Name) Simon (Middle Name) (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

2 PLACE OF DEATH — a. BOROUGH: Bronx — b. Name of hospital or institution, if not hospital, street address: Hebrew Home for Aged — c. If in hospital (Check): 1☐DOA 2☐Emerg. Rm. 3☐Outpatient 4☑Inpatient — d. If inpatient, date of current admission: Month 9 Day 11 Year 79

3a. DATE AND HOUR OF DEATH (Month) 10 (Day) 9 (Year) 81 — 3b. HOUR 5:35 AM ☑ PM ☐ — 4. SEX: Female — 5. APPROXIMATE AGE: 94

6. I HEREBY CERTIFY THAT: (Check One)
☐ I attended the deceased. ☑ A staff physician of this institution attended the deceased.
☐ Dr. _____ attended the deceased.
from Sept 21 1979 to Oct. 9 1981 and last saw h alive at 10:30 PM
on Oct. 8 1981. I further certify* that traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES.
*See first instruction on reverse of certificate.
Witness my hand this 9 day of Oct 1981 Signature Arthur Heldman M.D.
Name of Physician Arthur Heldman (Type or Print) Address Hebrew Home For Aged

PERSONAL PARTICULARS (To be filled in by Funeral Director)

7. USUAL RESIDENCE a. STATE: New York — b. COUNTY: Bronx — c. CITY, TOWN OR LOCATION: New York — d. STREET AND HOUSE NUMBER: 5901 Palisades Ave — e. INSIDE CITY LIMITS OF 7c ☒YES ☐NO

8. MARITAL STATUS (Check one) 1☐Never Married 2☐Married or Separated 3☒Widowed 4☐Divorced — 9. CITIZEN OF WHAT COUNTRY: United States — 10. NAME OF SURVIVING SPOUSE (If wife, give maiden name)

11. DATE OF BIRTH OF DECEDENT (Month) JAN (Day) 31 (Year) 1885 — 12. AGE AT LAST BIRTHDAY 96 — If UNDER 1 Year: mos. / days — If LESS than 1 Day: hrs. / min.

13. USUAL OCCUPATION (Kind of work done during most of working lifetime; do not enter retired.) Home Maker — b. KIND OF BUSINESS: Own Home — 14. SOCIAL SECURITY NO. 109-09-2576

15. BIRTHPLACE (State or Foreign Country) Russia — 16. OTHER NAME(S) BY WHICH DECEDENT WAS KNOWN

17. NAME OF FATHER OF DECEDENT: Abe Simon — 18. MAIDEN NAME OF MOTHER OF DECEDENT: Sylvia Hutland

19a. NAME OF INFORMANT: Abe Simon — b. RELATIONSHIP TO DECEASED: Son — c. ADDRESS (City) (State): 13 Straton Road Scarsdale

20a. NAME OF CEMETERY OR CREMATORY: Beth Moses Cem — b. LOCATION (City, Town, State and Country): Farmingdale, N.Y. — c. DATE OF BURIAL OR CREMATION: Oct. 9, 1981

21a. FUNERAL DIRECTOR: Weinstein West End Funeral Chapel — b. ADDRESS: 200 West 91st Street N.Y.C.

BUREAU OF VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record in my custody.

CITY REGISTRAR

The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. REPRODUCTION OR ALTERATIONS ARE PROHIBITED BY LAW.