RECORDED DISTRICT 2951
REGISTER NUMBER 58

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE
NCHS
4C
4G
7A
7B
9
10
SI
25
30
31
31B
OR
QS
QCOD
CANCER

DECEDENT

1. NAME: FIRST AKA PAULINE MIDDLE PAULA LAST SIMON
2. SEX: MALE ☐ 1 FEMALE ☒ 2
3A. DATE OF DEATH: MONTH 1 DAY 16 YEAR 90
3B. HOUR: 10:10A m
4A. PLACE OF DEATH: (Check only one) HOSPITAL DOA ☐ 1 HOSPITAL ER ☐ 2 HOSPITAL OUTPATIENT ☐ 3 HOSPITAL INPATIENT ☒ NURSING HOME ☐ PRIVATE RESIDENCE ☐ OTHER (Specify)
4B. IF FACILITY, DATE ADMITTED: MONTH 1 DAY 14 YEAR 90
4C. NAME OF FACILITY: (If not facility give address) NORTH SHORE UNIV HOSPITAL
4D. LOCALITY: (Check one and specify) CITY OF ☐ VILLAGE OF ☐ TOWN OF ☒ N. HEMPSTEAD
4E. COUNTY OF DEATH: NASSAU
4F. MEDICAL RECORD NO: 98016040
4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? NO ☒ YES ☐ (If yes, specify institution name, city or town, county and state)
5. DATE OF BIRTH: MONTH 12 DAY 15 YEAR 14
6. AGE: 75 yrs. IF UNDER 1 YEAR months days IF UNDER 1 DAY hours minutes
7A. CITY AND STATE OF BIRTH: (Country if not U.S.A.) N.Y N.Y
7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO ☒ 0 YES ☐ 1
9. RACE: (Black, White, etc.) WHITE
10. HISPANIC ORIGIN? (If yes, specify) NO ☒ YES ☐
11. EDUCATION: (Check only one) 0-11 ☒ 1 12 ☐ 2 13-15 ☐ 3 16 ☐ 4 17+ ☐ 5
12. SOCIAL SECURITY NUMBER: 052-14-8597
13. MARITAL STATUS: NEVER MARRIED ☐ 1 MARRIED OR SEPARATED ☒ 2 WIDOWED ☐ 3 DIVORCED ☐ 4
14. SURVIVING SPOUSE: (If wife, provide maiden name) LOUIS
15A. USUAL OCCUPATION: (Do not enter retired) FURRIER
15B. KIND OF BUSINESS OR INDUSTRY: FUR
15C. NAME AND LOCALITY OF COMPANY OR FIRM: JOS. CORN & SONS; N.Y.C. NY
16A. RESIDENCE, STATE: N.Y.
16B. COUNTY: QUEENS
16C. LOCALITY: (Check one and specify) CITY OF ☒ VILLAGE OF ☐ TOWN OF ☐ NEW YORK
16D. STREET AND NUMBER OF RESIDENCE: 37-30 83 ST JACKSON HEIGHTS
16E. ZIP CODE: 11372
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? ☐ YES ☐ NO IF NO, SPECIFY TOWN:

PARENTS

17. NAME OF FATHER: FIRST MAX MI LAST ZWICKEL
18. MAIDEN NAME OF MOTHER: FIRST BERTHA MI LAST KISTENBEEL

19A. NAME OF INFORMANT: LOUIS SIMON
19B. MAILING ADDRESS: (Include zip code) 37-30 83 ST JACKSON HEIGHTS, N.Y. 11372

DISPOSITION

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) BURIAL MONTH 1 DAY 17 YEAR 90
20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: BETH MOSES
20C. LOCATION: (City or town and state) PINELAWN, N.Y.
21A. NAME AND ADDRESS OF FUNERAL HOME: I.J. MORRIS, INC 21 E. DEER PK Rd. DIX HILLS N.Y.
21B. REGISTRATION NUMBER: 01389
22A. NAME OF FUNERAL DIRECTOR: WILLIAM E. NOWLAN JR
22B. SIGNATURE OF FUNERAL DIRECTOR: W. E. Nowlan Jr
22C. REGISTRATION NUMBER: 07653
23A. SIGNATURE OF REGISTRAR: John S. DavanZo
23B. DATE FILED: MONTH 1 DAY 16 YEAR 90
24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Joyce Gore Sub
24B. DATE ISSUED: MONTH 1 DAY 16 YEAR 90

CERTIFIER

ITEMS 25 THROUGH 33 TO BE COMPLETED BY CERTIFYING PHYSICIAN — OR — ITEMS 25 THROUGH 33 TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER

25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: [signature] MONTH 01 DAY 16 YEAR 90
25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH 06 DAY 1 YEAR 87 TO MONTH 01 DAY 16 YEAR 96
25C. LAST SEEN ALIVE: MONTH 01 DAY 16 YEAR 90
25D. NAME OF ATTENDING PHYSICIAN: DR. R. MASTRANGELO LICENSE NUMBER 158290
25A. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS AS I FELT NECESSARY, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE AND TITLE: ☐ CORONER ☐ CORONER'S PHYSICIAN ☐ MEDICAL EXAMINER
25B. PRONOUNCED DEAD ON MONTH DAY YEAR
25C. HOUR: m
25D. DATE SIGNED: MONTH DAY YEAR
25E. SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER:
26. NAME AND ADDRESS OF CERTIFIER: RALPH MASTRANGELO 46-19 Little Neck Pkwy Queens NY
26F. ME/COR. PHYS. LICENSE NUMBER
27. MANNER OF DEATH: NATURAL CAUSE ☒ 1 ACCIDENT ☐ 2 HOMICIDE ☐ 3 SUICIDE ☐ 4 UNDETERMINED CIRCUMSTANCES ☐ 5 PENDING INVESTIGATION ☐ 6
28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? ☒ 0 NO ☐ 1 YES
29A. AUTOPSY? NO ☒ 0 YES ☐ 1
29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? ☐ 0 NO ☐ 1 YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

CAUSE OF DEATH

30. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE: (A) CARDIOPULMONARY ARREST — MINUTES
DUE TO OR AS A CONSEQUENCE OF: (B) CEREBROVASCULAR ACCIDENT — HOURS
DUE TO OR AS A CONSEQUENCE OF: (C) ATHEROSCLEROTIC VASCULAR DISEASE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(A): METASTATIC SMALL CELL CANCER OF LUNG
31A. IF INJURY, DATE: MONTH DAY YEAR HOUR: m
31B. LOCALITY: (City or town and county and state)
31C. DESCRIBE HOW INJURY OCCURRED:
31D. PLACE:
31E. AT WORK? NO ☐ 0 YES ☐ 1
32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO ☐ 0 YES ☒ 1
33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO ☐ 0 YES ☐ 1
33B. DATE OF DELIVERY: MONTH DAY YEAR

NAME OF DECEDENT: For use by physician or institution

DOH-1961 (5/88) VS-60

I, JOHN S. DAVANZO, Registrar of Vital Statistics in and for the Town of North Hempstead, Nassau County, New York, do hereby certify that this is a true and exact transcript of a copy of a registered certificate of death for the above as contained in the Town Records.

In Testimony Whereof, I have hereunto set my hand and affixed the official seal of the Town this 1 day of FEB 1990 at Manhasset, New York

John S. DavanZo

Registrar of Vital Statistics