

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE FILE NUMBER

20110005091

CERTIFICATE OF DEATH



Time of Death (24-hr)
0930

Date of Death
01/22/2011

Name of Decedent as Known by Physician

1a. Legal Name of Decedent (First, Middle, Last, Suffix) Sylvia S Bruno				LIMB ONLY <input type="checkbox"/>	
1b. Also Known As (AKA), If Any (First, Middle, Last, Suffix)					
2. Sex Female	3. Social Security No. 058-01-1566	4a. Age 93 Years	5. Date of Birth (Mo/Day/Yr) 10/22/1917		
6. Birthplace (City & State/Foreign Country) New York, NY					
7a. Residence-State NJ	7b. County Bergen	7c. Municipality/City Tenafly Borough			
7d. Street and Number 69 Ivy Lane		7e. Apt No.	7f. Zip Code 07670-2648	7g. Inside City Limits? Yes	
8a. Ever in US Armed Forces? Yes	8b. If Yes, Name of War: WW2		8c. War Service Dates (From/To): 1943 - 1944		
9. Domestic Status at Time of Death Widowed			10. Name of Surviving Spouse/Partner (Name given at birth or on birth certificate)		
11. Father's Name (First, Middle, Last) Samuel Julius Simon					
12. Mother's Name Prior to First Marriage (First, Middle, Last) Lizzie Dichner					
13a. Name of Informant Sam A Bruno				13b. Relationship to Decedent Son	
13c. Mailing Address (Street and Number, City, State, Zip Code) 69 Ivy Lane, Tenafly, NJ 07670-2648					
14. Method of Disposition Cremation		15. Place of Disposition (name of cemetery, crematory, other) Cedar Lawn Crematory		16. Location- City & State/Foreign Country Paterson City, NJ	
17. Name and Complete Address of Funeral Facility Bergen Funeral Services, 232 Kipp Avenue, Hasbrouck Heights, NJ 07604-0000					
18. Electronic Signature of Funeral Director Scott Nimmo				19. NJ License Number 23JP00354200	
20. Decedent Education High school graduate or GED completed		21. Decedent of Hispanic Origin? Not Spanish / Hispanic / Latino		22. Decedent Race White	
23. Occupation of Decedent (Type of work done most of life, even if retired) Bookkeeper			24. Kind of Business/Industry		
25. Name and Address of Last Employer					
26. Date Pronounced Dead (Mo/Day/Yr)			28. Name of Person Pronouncing Death		
27. Time Pronounced Dead (24-hr)		29. License Number		30. Date Signed (Mo/Day/Yr)	
31. Date of Death (Mo/Day/Yr) 01/22/2011		32. Time of Death (24-hr) 0930		33. Was Medical Examiner Contacted? No	
34. Place of Death Decedent's Home					
35a. Facility Name (If not institution, give street and number) 69 Ivy Lane					
35b. Municipality Tenafly Borough			35c. County Bergen		
CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.					
Immediate Cause a. cardiopulmonary arrest				Interval Between Onset and Death 5 minutes	
Due to (or as a consequence of): b. dementia				2 years	
Due to (or as a consequence of): c.					
Due to (or as a consequence of): d.					
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.				37. Was an Autopsy Performed? No	
				38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable	
39. Date of Injury (Mo/Day/Yr)		40. Time of Injury (24-hr)		41. Place of Injury (e.g. home, construction site, restaurant)	
42. Injury at work?		43a. Location of Injury (Number and Street, Zip Code)		43b. Municipality	
		43c. County		43d. State	
44. Describe How Injury Occurred				45. If Transportation Injury:	
46. Manner of Death Natural		47. Did Decedent Have Diabetes? No		48. Did Tobacco Use Contribute to Death? No	
49. If Female, Pregnancy State Not applicable					
50. Certifier Type Certifying Physician			51. Name, Address, and Zip Code of Certifier Robert J Malovany, M.D. 180 Engle Street, Englewood, NJ 07631-2507		
52. Electronic Signature of Certifier Robert J Malovany			53. License Number 25MA03097600		54. Date Certified (Mo/Day/Yr) 01/24/2011
55. Electronic Signature of Local Registrar Laura French			56. District No. V0236		57. Date Received 01/29/2011
			Case ID Number 1406475		

IME No.:

Record Contains Amendment

DATE ISSUED: **January 28, 2011**

ISSUED BY:
State Department of Health and Senior Services, Bureau of Vital Statistics and Registration

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Joseph A. Komosinski
Joseph A Komosinski, State Registrar
Bureau of Vital Statistics

