

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE FILE NUMBER

CERTIFICATE OF DEATH

20110005091

Time of Death (24-hr)
0930Date of Death
01/22/2011

Name of Decedent as Known by Physician

MIE No.:

Record
Contains
Amendment
☐

| | | | |
|---|--|---|--|
| 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 01/23/2011 |
| | | Case ID Number 1406475 | |

DATE ISSUED: **January 28, 2011**

ISSUED BY:

State Department of Health and Senior Services, Bureau of Vital Statistics and RegistrationThis 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, State Registrar
Bureau of Vital Statistics