

CERTIFICATE OF DEATH

156-00-036072

Certificate No.

NEW YORK CITY
DEPARTMENT OF HEALTH
2000 AUG -4 A 8:58
DATE FILED

1. NAME OF
DECEASED **KENNETH** **SIMON**
(Type or Print) (First Name) (Middle Name) (Last Name)

MEDICAL CERTIFICATE OF DEATH (To be filled in by the O.C.M.E.)

2. PLACE OF DEATH	NEW YORK CITY 2a. BOROUGH Manhattan	2b. Name of hospital or other facility if not facility, street address 72 GOUVENEUR STREET	2c. If in Hospital or Other Facility 1 <input type="checkbox"/> DOA 3 <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg. 4 <input type="checkbox"/> Inpatient	2d. If inpatient, date of current admission Month Day Year		
3. DATE AND HOUR OF DEATH OR FOUND DEAD	3a. (Month) June	(Day) 17	(Year) 2000	3b. HOUR 02:03 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	4. SEX MALE	5. APPROXIMATE AGE 54 YEARS
6. DEATH WAS CAUSED BY:	Enter only one cause per line					INTERVAL BETWEEN ONSET AND DEATH
P A R T 1	a. Immediate cause PENDING FURTHER STUDIES b. Due to or as a XX consequence of c. Due to or as a XX consequence of d. Other significant conditions contributing to death but not resulting in the underlying cause given in part 1					
PART 2						

7a. INJURY: DATE (Month) (Day) (Year) UNKNOWN	7b. TIME <input type="checkbox"/> AM UNKN <input type="checkbox"/> PM	7c. AT WORK 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> UNKN	7d. PLACE OF INJURY - At home, farm, street, etc. 7e. LOCATION			
7f. HOW INJURY OCCURRED						
8. Manner of Death <input type="checkbox"/> Pending Further Study <input type="checkbox"/> Natural <input type="checkbox"/> Accident PENDING FURTHER STUDY	<input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined	9. Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input type="checkbox"/> No Autopsy	10. On the basis of examination and/or investigation, In my opinion, death occurred due to the causes and manner as stated: CERTIFIER: <i>Monica Smiddy M.D.</i> M.D. SIGNATURE: <i>Monica Smiddy M.D.</i> M.D. DATE: June 18, 2000			
11. M.E. Case No. MOO-03350	12a. Date Pronounced Dead (Month, Day, Year) (If different from 3a) May 31 1946	12b. TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	13. Usual Residence a. State N.Y. 13b. County N.Y. 13c. City, Town, or Location NEW YORK 13d. Street & House No. 72 GOUVENEUR STREET. Zip 10016 Apt. No. 13e. Inside City Limits of 7c Yes <input checked="" type="checkbox"/> No			

14. Served in U.S. Armed Forces No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Specify years 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> From <input type="checkbox"/> To	15. Marital Status (Check One) 1 <input checked="" type="checkbox"/> Never Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Married or separated 4 <input type="checkbox"/> Divorced	16. Name of Surviving Spouse (If wife, give maiden name)						
17. Date of birth (Month) (Day) (Year) of Decedent May 31 1946	18. Age at last birthday 54	If under 1 Year mos. 0 days 0	If less than 1 Day hours 0 mins. 0	19. Social Security No. 058-36-5277				
20a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired) INVESTMENT CONSULTANT					20b. Kind of business or industry			
21. Birthplace (City & State or Foreign Country)	22. Education (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>			23. Other name(s) by which decedent was known CATHERINE				
24. NAME OF FATHER OF DECEDENT Louis Simon	25. MAIDEN NAME OF MOTHER OF DECEDENT CATHERINE							
26a. NAME OF INFORMANT John Simon	26b. RELATIONSHIP TO DECEASED URKIR	26c. ADDRESS 160 Madison Avenue NY, NY 10016	(CITY) NY (STATE) NY (ZIP) 10016					
27a. NAME OF CEMETERY OR CREMATORIAL Posey Hill Crematory	27b. LOCATION (City, Town, State and Country) Linden, N.J.	27c. DATE OF BURIAL OR CREMATION August 4, 2000						
28a. FUNERAL ESTABLISHMENT Direct Cremation Company	28b. ADDRESS 152 EAST 20TH STREET, NY, NY 10016							

VR16 (1/94)

VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

This is to certify, that the foregoing is a true copy of a record on file in the Department of Health. 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.

Stephen P. Schwartz
STEPHEN P. SCHWARTZ
CITY REGISTRAR

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DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DATE ISSUED

AUG 4, 2000

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