

CERTIFICATE OF DEATH

156-00-036072

NEW YORK CITY
DEPARTMENT OF HEALTH

Certificate No.

2000 AUG -4 A 8:58
DATE FILED

1. NAME OF
DECEASED
(Type or Print)

KENNETH

SIMON

(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	<input type="checkbox"/> AM PM	4. SEX MALE
5. APPROXIMATE AGE 54 YEARS							INTERVAL BETWEEN ONSET AND DEATH
6. DEATH WAS CAUSED BY: Enter only one cause per line							
PART 1	a. Immediate cause PENDING FURTHER STUDIES						
	b. Due to or as a consequence of						
	c. Due to or as a 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)		7b. TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	7c. AT WORK 1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO	7d. PLACE OF INJURY - At home, farm, street, etc.			
UNKNOWN				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 SIGNATURE: <i>Monica Smiddy</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)		12b. TIME <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		CERTIFIER NAME (Print) Monica Smiddy M.D.	
PERSONAL PARTICULARS (To be filled in by Funeral Director, or in case of City Burial, by O.C.M.E.)							
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.		13e. Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Served in U.S. Armed Forces No Yes 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> Specify years From 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 of Decedent (Month) (Day) (Year) MAY 31 1946		18. Age at last birthday 54		If under 1 Year mos. days	If less than 1 Day hours mins.	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) College (1-4 or 5+)		23. Other name(s) by which decedent was known			
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 UNCLE		26c. ADDRESS (CITY) (STATE) (ZIP) 160 MADISON AVENUE NY, NY 10016			
27a. NAME OF CEMETERY OR CREMATORY Rosehill 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.

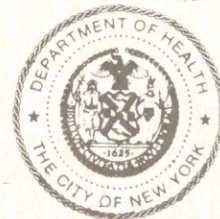
Stephen P. Schwartz
STEPHEN P. SCHWARTZ
CITY REGISTRAR

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THE CITY OF NEW YORK



DATE ISSUED

AUG 4, 2000

DOCUMENT NO.

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