

**CITY OF NEW YORK  
VITAL RECORDS CERTIFICATE**

**DEATH TRANSCRIPT**

**CERTIFICATE OF DEATH**

DATE FILED <b>2002 FEB 16 P 6:50</b>	NEW YORK CITY DEPARTMENT OF HEALTH	1. NAME OF DECEASED <b>1. THERESA (Type or Print)</b>	Certificate No. <b>156-02-007998</b>	<b>MEYEROWITZ (Last Name)</b>
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**MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)**

2. PLACE OF DEATH <b>2. NEW YORK CITY 2a. BOROUGH Manhattan</b>	2b. Name of hospital or other facility (If not facility, street address) <b>Mount Sinai Hospital</b>	2c. If in hospital or other facility <input type="checkbox"/> DOA <input type="checkbox"/> Outpatient <input type="checkbox"/> Emerg. <input checked="" type="checkbox"/> Inpatient	2d. If inpatient, date of current admission mm dd yyyy <b>02 10 2002</b>
3a. Date and Hour of Death (Month) (Day) (Year - yyyy) <b>February 13 2002</b>	3b. HOUR <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <b>12:00</b>	4. SEX <b>Female</b>	5. APPROXIMATE AGE <b>111 years</b>

6. I HEREBY CERTIFY THAT: (Check One)

I attended the deceased

A staff physician of this institution attended the deceased

Dr. \_\_\_\_\_ attended the deceased

from (mm/dd/yyyy) **02 / 10 / 2002** to (mm/dd/yyyy) **02 / 13 / 2002** and last saw her alive at **11:10<sup>P</sup>** M

on (mm/dd/yyyy) **02 / 12 / 2002**. I further certify that traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See first instruction on reverse of certificate.

Witness my hand this **13** day of **February** **2002** (yyyy)

Name of Physician **Ira Helenius** (Type or Print) Address **1 Gustave Levy Place--New York, NY** License No. **219667**

**D.O.  
M.D.**

**PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)**

7. Usual Residence a. State <b>NEW YORK</b>	7b. County <b>N.Y.</b>	7c. City, Town, or Location <b>NEW YORK</b>	7d. Street & House No. <b>54 WEST 74 STREET</b>	Zip <b>10023</b>	Apt. No. <b>201</b>	7e. Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Served in U.S. Armed Forces No Yes <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 From To	9. Marital Status (Check One) <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Married or separated <input type="checkbox"/> Divorced	10. Name of Surviving Spouse (If wife, give maiden name)				
11. Date of birth of Decedent: (Month) (Day) (Year - yyyy) <b>MARCH 1, 1890</b>	12. Age at last birthday <b>111</b>	If under 1 Year mos. days	If less than 1 Day hours mins.	13. Social Security No. <b>102-28-0622</b>		
14a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired) <b>ARTIST/WRITER</b>			14b. Kind of business or industry			
15. Birthplace (City & State or Foreign Country) <b>PHILADELPHIA, PA</b>		16. Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) <b>12 4</b>		17. Other name(s) by which decedent was known <b>THERESA BERNSTEIN</b>		
18. NAME OF FATHER OF DECEDENT <b>ISADORE BERNSTEIN</b>			19. MAIDEN NAME OF MOTHER OF DECEDENT <b>ANNA FERBER</b>			
20a. NAME OF INFORMANT <b>SUZANNE Y. LAURIER</b>	20b. RELATIONSHIP TO DECEASED <b>FRIEND</b>	20c. ADDRESS (CITY) (STATE) (ZIP) <b>327 WEST 30 STREET #5F NEW YORK, NY 10001</b>				
21a. NAME OF CEMETERY OR CREMATORY <b>NEW MONTEFIORE CEMETERY</b>		21b. LOCATION (City, Town, State and Country) <b>PINELAWN, NEW YORK</b>		21c. DATE OF BURIAL OR CREMATION <b>FEBRUARY 17, 2002</b>		
22a. FUNERAL ESTABLISHMENT <b>CRESTWOOD MEMORIAL CHAPEL, INC.</b>		22b. ADDRESS <b>33 SPRING STREET NYC 10012</b>				

VR15 (Rev. 8/99) 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.

*Steven P. Schwartz*  
Steven P. Schwartz, Ph.D., City Registrar

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