

156-81-108848

CERTIFICATE OF DEATH

Certificate No.

1. NAME OF DECEASED
(Type or Print)

William

Middle Name

Last Name

Meyerowitz

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

PLACE OF DEATH	a. NEW YORK CITY BOROUGH Manhattan	b. Name of hospital or institution, if not hospital, street address Beth Israel Medical Center	c. If in hospital (Check)		d. If inpatient, date of current admission		
	(Month)		(Day)	(Year)	1 <input type="checkbox"/> DOA 2 <input type="checkbox"/> Emerg. Rm. 4 <input checked="" type="checkbox"/> Inpatient	3 <input type="checkbox"/> Outpatient	Month
e. DATE AND HOUR OF DEATH	5	28	81	11:30	AM	4. SEX	5. APPROXIMATE AGE
					PM	Male	93

I HEREBY CERTIFY THAT: (Check One)

 I attended the deceased. A staff physician of this institution attended the deceased. Or

attended the deceased.

from 5/24 1981 to 5/28 1981 and last saw him alive at 11:00 A.M.

on 5/28 1981. 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 28th day of May 1981 Signature Jerome Feit D.O. M.D.

Name of Physician Jerome Feit Address 350 E 64th St N.Y.N.Y.

PERSONAL PARTICULARS (To be filled in by Funeral Director)

a. USUAL RESIDENCE STATE New York	b. COUNTY N.Y.	c. CITY, TOWN OR LOCATION New York	d. STREET AND HOUSE NUMBER 54 West 74 Street	e. INSIDE CITY LIMITS OF 7c <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1. MARITAL STATUS (Check one) <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married or Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. NAME OF SURVIVING SPOUSE (If wife, give maiden name) THERESA BERNSTEIN		
11. DATE OF BIRTH OF DECEDENT 7 15 1987	12. AGE AT LAST BIRTHDAY 93	13. USUAL OCCUPATION (Kind of work done during most of working lifetime; do not enter retired.) Artist		14. SOCIAL SECURITY NO. 102-28-0621
15. BIRTHPLACE (State or Foreign Country) RUSSIA		16. OTHER NAME(S) BY WHICH DECEDENT WAS KNOWN William Meyerowitz		
17. NAME OF FATHER OF DECEDENT GERSHON		18. MAIDEN NAME OF MOTHER OF DECEDENT Scheneel MITELMAN		
19a. NAME OF INFORMANT THERESA Meyerowitz	b. RELATIONSHIP TO DECEASED wife	c. ADDRESS (City) (State) 54 W 74th NYC, NY		
20a. NAME OF CEMETERY OR CREMATORY New Montefiore Cemetery Pine Lawn, New York		c. DATE OF BURIAL OR CREMATION 5/29/1981		
21a. FUNERAL DIRECTOR GUTTERMAN'S INC		b. ADDRESS 331 Amsterdam Ave New York		

BUREAU OF 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.

Earlene Price
EARLENE PRICE
CITY REGISTRAR

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VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK



DATE ISSUED

AUG 24 1994

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