

**THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE**

Certificate of Death

156-53-300732

DIVISION OF RECORDS
DEPARTMENT OF HEALTH
BUREAU OF RECORDS AND STATISTICS
CITY OF NEW YORK

Certificate No.

53
53 JAN 12 AM 2:17

1. NAME OF DECEASED Catherine Lewis
(Print or Typewrite) First Name Middle Name Last Name

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State New York
(b) Co. Kings (c) Post Office and Zone Blklyn
(d) No. 286 St. Johns Place Ave. St.
(If in rural area, give location)
(e) Length of residence or stay in City of New York immediately prior to death wife

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

4 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year) March 3, 1862

5 AGE 90 yrs. If under 1 year (nos. days) If LESS than 1 day, (hrs. or min.)

6 Occupation
a. Usual Occupation (Kind of work done during most of working life, even if retired) Housewife
b. Kind of Business or Industry in which this work was done own home

7 SOCIAL SECURITY NO.

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

15 PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough Brooklyn
(c) Name of Hospital or Institution 286 St. Johns Pl.
(If not in hospital or institution, give street and number.)
(d) If in hospital, give Ward No.

16 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) P.M. Jan. 10 1953 10 P.M.

17 SEX Female 18 COLOR OR RACE white 19 Approximate Age 90

20 I HEREBY CERTIFY that (I attended the deceased)* (a staff physician of this institution attended the deceased)*
from Dec 30 1952 to Jan 10 1953,
and last saw her alive at 6 P.M. on Jan 10 1953

I further certify that death was not caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

* Cross out words that do not apply.
† See first instruction on reverse of certificate.

8 BIRTHPLACE (State or Foreign Country) n.y.

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? U.S.

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? no 10b. IF YES, Give war or dates of service

11 NAME OF FATHER OF DECEDENT Daniel Hanley

12 MAIDEN NAME OF MOTHER OF DECEDENT Ellen Hayes

Witness my hand this 10th day of Jan 1953

Signature Heath Lynch M. D.

Address 212 Brooklyn Ave

13 NAME OF INFORMANT Sidney Lewis RELATIONSHIP TO DECEASED son ADDRESS 2204 Clarendon Rd.

14a. Name of Cemetery or Crematory Greenwood Cemetery 14b. Location (City, Town or County and State) Brooklyn 14c. Date of Burial or Cremation 1/14/53

21 FUNERAL DIRECTOR Walter B. Cooke Inc ADDRESS 20 Snyder Rd. PERMIT NUMBER 2942

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH 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 and Mental Hygiene. The Department of Health and Mental Hygiene 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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DATE ISSUED **August 18, 2008**

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Look for the following security features before accepting this document:

- Blue engraved border and seals with raised intaglio printing
- Multi-colored pink-blue-pink background
- Micro printing of the words New York City Department of Health and Mental Hygiene immediately above the bottom border and visible using a magnifying glass
- This watermark in the paper, which will be visible when held to the light:



- Thermochromic Ink: The logo above is printed with heat sensitive ink. It changes color when warmed by rubbing with a finger

VR-134 210M (8/07) P.O. No. 2008083386