

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

Borough of **MANHATTAN**, New York, N. Y.

AUG 30 1961

Below is a photostatic copy of a certificate on file in the Bureau of Records and Statistics of the Department of Health of the City of New York.

DIVISION OF RECORDS DEPARTMENT OF HEALTH BUREAU OF RECORDS AND STATISTICS		Certificate of Death	
FILED 1961 AUG 31 PM 3:45		Certificate No. 156-61-118588	
NAME OF DECEASED GERTRUDE (Print or Type-write)		First Name Middle Name Last Name BERMAN	
PERSONAL PARTICULARS (To be filled in by Funeral Director)		MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	
2. USUAL RESIDENCE: (a) State NEW YORK (b) Co. Kings City or Town New York (c) No. 512 EAST 91st STREET Ave. St. (d) Length of residence or stay in City of New York immediately prior to death 50 YEARS		16. PLACE OF DEATH: (a) NEW YORK CITY: (b) Borough Manhattan (c) Name of Hospital or Institution Doctors Hospital (If not in hospital or institution, give street and number.) (d) If in hospital, give Ward No. Room 635	
3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED		17. DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) Aug 26 1961 8:40 PM	
4. DATE OF DECEASED (Month) (Day) (Year) APRIL 15 1910		18. SEX F 19. Approximate Age 51	
5. AGE If under 1 year mon. yrs. If LESS than 1 day hrs. or min. 51 yrs.		20. I HEREBY CERTIFY that (I attended the deceased)* (a staff physician of this institution attended the deceased)* from 8/26 1961 , to 8/26 1961 and last saw him alive at 8:40 PM on 8/26 1961	
6. Usual Occupation (Kind of work done during most of working life, even if retired) SALESLADY b. Kind of Business or Industry in which this work was done		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 .	
7. SOCIAL SECURITY NO.		* Cross out words that do not apply. † See first instruction on reverse of certificate.	
8. BIRTHPLACE (State or Foreign Country) RUSSIA		Witness my hand this 26 day of August 1961	
9. OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? RUSSIA		Signature V.E. Thomas M.D.	
10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? NO 10b. IF YES, Give war or dates of service		Name of Physician V.E. THOMAS (Print or type-write)	
11. NAME OF FATHER OF DECEASED ABRAHAM BECKER		Address Doctors Hospital	
12. MAIDEN NAME OF MOTHER OF DECEASED RACHEL LEDERMAN			
13. NAME OF INFORMANT ARNOLD BERMAN		RELATIONSHIP TO DECEASED SON ADDRESS 512 EAST 91st STREET, B'HTN	
14a. Name of Cemetery or Crematory MONTEFIORE CEMETERY		14b. Location (City, Town or County and State) SPRINGFIELD, NEW YORK 14c. Date of Burial or Cremation AUGUST 28, 1961	
15. FUNERAL DIRECTOR BOULEVARD CHAPELS		ADDRESS 312 CONEY ISLAND AVENUE, BROOKLYN 18, N.Y.	
BUREAU OF RECORDS AND STATISTICS		DEPARTMENT OF HEALTH THE CITY OF NEW YORK	

This is to certify that the

CARL L. ERHARDT

Director of Bureau

BY

William L. Stern

Borough Registrar

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