

FILED
1946 JAN 3 AM 9:31

Certificate of Death

Certificate No. 311

1. NAME OF DECEASED
(Print or type)

ROBERT

Middle Name

BERMAN

Social Security Number

none

PERSONAL PARTICULARS

(To be filled in by Medical Examiner)

2. USUAL RESIDENCE:

(a) State

N.Y.

(b) City, Town, and Zone

Kings Brooklyn

(c) Post Office

512 East 91st Street

(d) No.

(1) In rural area, give location

(2) Length of residence or stay in City of New York, immediately prior to death

30 years

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

Married

4. WIFE

Gertrude

5. DATE OF BIRTH OF DECEASED

May 15th, 1901

6. AGE

44 yrs. 7 mos. 17 days

7. Occupation

Jobber Smoke Fish

8. PLACE OF DECEASED

Russia

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

U. S.

10. WAS DECEASED A VETERAN?

no

11. NAME OF DECEASED

Sam

12. BIRTHPLACE OF FATHER

Russia

13. MAIDEN NAME OF MOTHER

Sarah Greenberg

14. BIRTHPLACE OF MOTHER

Russia

15. SIGNATURE OF INFORMANT

Isidore Becker

16. RELATIONSHIP TO DECEASED

Brother in Law

17. ADDRESS

552 Broadway N.Y.C.

18. DATE OF BURIAL OR CREMATION

Jan 3, 1946

19. ADDRESS

245 Broadway

20. PERMIT NUMBER

3606

21. DIRECTOR

William H. Thompson

22. BUREAU OF RECORDS

DEPARTMENT OF HEALTH

23. CITY OF NEW YORK

BUREAU OF RECORDS AND STATISTICS

24. MEDICAL CERTIFICATE OF DEATH

(To be filled in by Medical Examiner. See over.)

25. PLACE OF DEATH:

(a) NEW YORK CITY, (b) Borough, Brooklyn

(c) Name of Hospital or Institution

184 Summer Avenue

(d) If elsewhere than in hospital or own residence, specify character of place of death, eat hotel, office, store, street, tenement, etc.

(If not in hospital or institution, give street and number)

17. DATE AND HOUR OF DEATH

January 2nd, 1946

18. SEX

Male

19. COLOR OR RACE

White

20. APPROXIMATE AGE

50

21. I hereby certify (a) that in accordance with Sections 878-2.0 and 878-3.0 of the Administrative Code for the City of New York, I went to, and took charge of the dead body

of Kings County, New York

on this 2nd day of January, 1946

(b) that I examined the body and investigated the circumstances of this death, and

I further certify from the investigation, (complete autopsy, if fatal

autopsy) (function) and examination (c) that, in my opinion, death

occurred on the date and at the hour stated above and resulted from

(natural causes) (accident) (suicide) (homicide) (undetermined cir-

cumstances—pending further investigation), and (d) that the causes of

death were:

Chronic Cardiovascular Renal

Disease.

Signed, *Isidore Becker*

Assistant Medical Examiner

Approved, *Isidore Becker*

Chief Medical Examiner

No. 17

Date 1/3/46

M. E. Case

Address 552 Broadway N.Y.C.

Relationship to Deceased Brother in Law

Place of Burial or Cremation

Date of Burial or Cremation

Address 245 Broadway

Permit Number 3606

Director William H. Thompson

Bureau of Records and Statistics

Department of Health

City of New York