

RECORDED DISTRICT
2950
REGISTER NUMBER
1397

NEW YORK STATE
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE ALL ENTRIES OR PRINT IN PERMANENT BLACK INK.

1. NAME: FIRST Ann R. Koehler			MIDDLE 			LAST 			2. SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		3A. DATE OF DEATH MONTH DAY YEAR 5 24 72			3B. HOUR 1:30 P.M.	
4. RACE: (WHITE, NEGRO, AMERICAN INDIAN, ETC.) White		5. AGE 72 YRS.		IF UNDER 1 YR. MONTHS DAYS		IF UNDER 1 DA. HOURS MIN.		6A. VETERAN OF U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>			6B. IF YES - SPECIFY WAR, OR DATES OF SERVICE				
7A. COUNTY (NYS) Nassau		7B. TOWN Hempstead		7C. CITY OR VILLAGE N. Bellmore		7D. LENGTH OF STAY IN TOWN, CITY OR VILLAGE 4 Months		7E. HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE STREET & NO.) Belair Nursing Home							
8. STATE OF BIRTH (COUNTRY, IF NOT USA) New York		9. DECEDENT BORN MONTH DAY YEAR 2 23 1900			10. CITIZEN OF WHAT COUNTRY? U.S.A.		11. MARITAL STATUS Widowed		12. SURVIVING SPOUSE (IF WIFE, MAIDEN NAME.)						
13A. USUAL OCCUPATION (EVEN IF RETIRED) Housewife				13B. KIND OF BUSINESS OR INDUSTRY Own Home				13C. SOCIAL SECURITY NO. 113-26-9894 B							
14A. STATE New York		14B. COUNTY Nassau		14C. TOWN Hempstead		14D. CITY OR VILLAGE Baldwin		14E. WITHIN THE CORPORATE LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		14F. STREET AND NUMBER 2005 Teehan La.					
15A. FATHER'S NAME: FIRST MIDDLE LAST James R. Rowe				15B. MOTHER'S MAIDEN NAME: FIRST MIDDLE LAST Elizabeth Powell											
16A. INFORMANT'S NAME: Charles J. Koehler				16B. MAILING ADDRESS: (INCLUDE ZIP CODE) 2005 Teehan La. Baldwin, New York 11510											

PART I. DEATH WAS CAUSED BY		ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).		APPROXIMATE INTERVAL BETWEEN ONSET & DEATH					
17. IMMEDIATE CAUSE (A) Cardiorespiratory Failure -									
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST (B) Cerebral & Coronary Arteriosclerosis									
(C) Generalized Arteriosclerosis -									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) Decubital Ulcers -				18A. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
				18B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? YES <input type="checkbox"/> NO <input type="checkbox"/>					
19A. ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED		19B. MONTH DAY YEAR		19C. HOUR					
19E. INJURY AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>		19F. PLACE OF INJURY: HOME, FACTORY, OFFICE BLDG., ETC.		19G. LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)					
20. PART I TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY			-OR-			20. PART II TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY			
A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: <i>[Signature]</i> MONTH DAY YEAR 5 24 72			A. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNED: _____ TITLE _____						
B. THE PHYSICIAN ATTENDED THE DECEASED FROM: MONTH DAY YEAR 2 23 72 TO: MONTH DAY YEAR 5 24 72		C. LAST SEEN ALIVE MONTH DAY YEAR 5 22 72		B. PRONOUNCED DEAD ON _____ AT _____ M. _____		C. HOUR		D. DATE SIGNED MONTH DAY YEAR	
D. ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER:			E. CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER:						
21. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR): TERENCE W. LEHRFEL, M.D., 17-ASTRONOMY LANE, LEVITOWN, NY. 11756									

22A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		MONTH DAY YEAR 5 27 72		22B. PLACE OF BURIAL, CREMATION OR REMOVAL L.I. National Cemetery		22C. LOCATION (CITY OR TOWN, STATE) Farmingdale, N.Y.	
23A. NAME AND ADDRESS OF FUNERAL HOME Fullerton Funeral Home 769 Merrick Rd, Baldwin, N.Y. 11510						23B. REGISTRATION NO. 00886	
24A. NAME OF FUNERAL DIRECTOR Daniel J. Fullerton				24B. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24C. REGISTRATION NO. 01888	
25A. SIGNATURE OF REGISTRAR <i>[Signature]</i>		25B. DATE FILED MONTH DAY YEAR 5 25 72		26A. BURIAL CREMATION REMOVAL PERMIT ISSUED BY: <i>[Signature]</i>		26B. MONTH DAY YEAR 5 25 72	

FOR GENEALOGICAL RESEARCH ONLY