

**NEW YORK STATE  
DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

CENSUS TRACT: [ ] DIVISION: [ ]

STATISTICAL DISTRICT: [ ]

REC. [ ]

RES. [ ]

RECORDED DISTRICT: 101

REGISTERED NUMBER: 890

1 NAME - FIRST: HEVAY MIDDLE: LAST: LINDENBAUM

2 SEX: MALE  FEMALE

3A DATE OF DEATH: MONTH: 4 DAY: 28 YEAR: 82

3B HOUR: 8 AM

4 AGE: 45 YEARS

5 IF UNDER 1 YEAR: MONTHS: DAYS: HOURS: MINUTES

6 DECEDENT BORN: MONTH: 12 DAY: 26 YEAR: 36

7 VETERAN OF U.S. ARMED FORCES? NO  YES  IF YES, SPECIFY WAR OR DATES OF SERVICE: [ ]

8 SOCIAL SECURITY NUMBER: 159.30.5879

9A COUNTY OF DEATH: ALBANY

9B LOCALITY (CHECK ONE AND SPECIFY):  CITY OF ALBANY  TOWN OF [ ]  VILLAGE OF [ ]

9C HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE ADDRESS): PULASKI HOSPITAL

9D IF IN HOSPITAL OR INSTITUTION (CHECK ONE):  O.C.A.  EMERGENCY ROOM  OUTPATIENT  INPATIENT

9E IF INPATIENT, ADMISSION DATE: MONTH: 7 DAY: 25 YEAR: 82

10 STATE OF BIRTH (COUNTRY IF NOT USA): BELGIUM

11 CITIZEN OF WHAT COUNTRY: USA

12 MARITAL STATUS (CHECK ONE):  NEVER MARRIED  WIDOWED  MARRIED OR SEPARATED  DIVORCED

13 SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME): RUTH TRUVALLOTT

14 RACE: WHITE

15 HISPANIC ORIGIN? YES  NO  IF YES, SPECIFY ORIGIN: [ ]

16 EDUCATION INDICATE HIGHEST GRADE COMPLETED ONLY

ELEMENTARY										HIGH SCHOOL								COLLEGE											
0	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
00	01	02	03	04	05	06	07	08	09	00	01	02	03	04	05	06	07	08	09	00	01	02	03	04	05	06	07	08	09

17A USUAL OCCUPATION (DO NOT ENTER RETIRED): EXECUTIVE

17B KIND OF BUSINESS OR INDUSTRY: DISTRIBUTION

17C NAME AND LOCALITY OF FIRM OR COMPANY: [ ]

17A STATE: NEW YORK

17B COUNTY: NASSAU

17C LOCALITY (CHECK ONE AND SPECIFY):  CITY OF [ ]  TOWN OF [ ]  VILLAGE OF O'DONOVANVILLE

17D STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE): CEDAR SWAMP ROAD

17E IF CITY OR VILLAGE IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES  NO  IF NO, SPECIFY TOWN: [ ]

18A NAME OF FATHER: FIRST: NATHAN MIDDLE: LAST: LINDENBAUM

18B MAIDEN NAME OF MOTHER: FIRST: RUTH MIDDLE: LAST: TRUVALLOTT

18C NAME OF INFORMANT: RUTH LINDENBAUM

18D MAILING ADDRESS (INCLUDE ZIP CODE): CEDAR SWAMP ROAD, O'DONOVANVILLE, N.Y.

19A BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION (SPECIFY): BURIAL

19B PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: SHERMAN G.S.

19C LOCATION (CITY OR TOWN, STATE): WESTCHESTER, N.Y.

20A NAME AND ADDRESS OF FUNERAL HOME: RIVERSIDE MEM. HOME, 1809 76TH ST. N.Y.C.

20B REGISTRATION NO.: 04952

21A NAME OF FUNERAL DIRECTOR: CHRISTOPHER P. POLICANO

21B SIGNATURE OF FUNERAL DIRECTOR: [Signature]

21C REGISTRATION NO.: 04952

22A SIGNATURE OF REGISTRAR: Susan B. Faricelli

22B DATE FILED: APR 28 82

22C MONTH: DAY: YEAR: APR 28 82

22D BURIAL OR REMOVAL PERMIT ISSUED: Susan B. Faricelli APR 28 82

23 TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY - OR - TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY

23A TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED

23B SIGNATURE: J. M. P. JAMES, M.D.

23C PHONOUNCED DEAD: ON: 4 28 82 AT: 8 15 AM

23D DATE SIGNED: 4 28 82

23E SIGNATURE OF CORONER OR CORONER'S PHYSICIAN IF OTHER THAN CERTIFIER: [ ]

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR): Dr. J. M. P. James, 12158

25 DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)

25A PART I IMMEDIATE CAUSE: (A) MASSIVE Cerebral Contusions

25B DUE TO, OR AS A CONSEQUENCE OF: (B) AUTOMOBILE INJURY

25C APPROXIMATE INTERVAL BETWEEN (A) AND DEATH: 4 DAYS

26 PART II OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

26A AUTOPSY: YES  NO

26B IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? YES  NO

26C WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? YES  NO

27 SPECIFY IF ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING INVESTIGATION: ACCIDENTAL

27A DATE OF INJURY: MONTH: 4 DAY: 25 YEAR: 82

27B HOUR OF INJURY: 6 40 PM

27C DESCRIBE HOW INJURY OCCURRED: CAMPER OFF ROAD, W.C.D. THROWN FROM WINDSHIELD

28 INJURY AT WORK? YES  NO

28A PLACE OF INJURY (HOME, FACTORY, OFFICE BLDG., ETC.): ROAD

28B LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE): NORTHWAY, I.87, TOWN OF SCLTON IN WARREN COUNTY, NEW YORK

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

NOHB [ ]

OR [ ]

OS [ ]

OCOD [ ]