

Certificate of Death

10245

FILED

1943 APR 29 AM 9 44

Certificate No.

1. NAME OF DECEASED

Wini Fred

Mc Cabe

NONE

First Name

Middle Name

Last Name

Social Security Number

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 NEW YORK (c) City, Town or Village NEW YORK
(d) No. 472 COLUMBUS Ave. St.
(e) Length of residence or stay in City of New York immediately prior to death 40 YRS

15 PLACE OF DEATH:
(a) NEW YORK CITY: (i) Borough MANHATTAN
(c) Name of Hospital or Institution The Roosevelt Hosp. Inc.
(d) Length of stay at place of death immediately prior to death

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

17 DATE AND HOUR OF DEATH April 25 1943 10:20 AM

4 WIFE WIDOWED of JOSEPH

18 SEX FEMALE 19 COLOR OR RACE WHITE 20 Approximate Age 62 YRS

5 DATE OF BIRTH OF DECEDENT AUGUST 28 1881

21 I HEREBY CERTIFY that as a staff physician of this institution attended the deceased

6 AGE 57 yrs. 8 mo. - days If LESS than 1 day, hrs. or min.

from 4-13-43 to 4-28-43

7 OCCUPATION
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. OWN HOME

and last saw her alive at 9 AM 4-28-43

8 BIRTHPLACE OF DECEDENT: (a) State or County IRELAND

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.

(b) County

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

I further certify that death was not due to communicable disease listed in Section 103 of the Sanitary Code (see over), which requires that the casket must be permanently sealed before removal from the place of death.

10 WAS DECEDENT WAR VETERAN? IF SO, NAME WAR NONE

11 NAME OF FATHER OF DECEDENT JAMES MULDOON

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

12 BIRTHPLACE OF FATHER (State or country) IRELAND

Witness my hand this 29 day of April 1943

13 MOTHER NAME OF MOTHER OF DECEDENT CATHERINE CONNOLLY

Signature [Signature]

14 BIRTHPLACE OF MOTHER (State or country) IRELAND

Address Roosevelt Hosp.

15 SIGNATURE OF INFORMANT [Signature] RELATIONSHIP TO DECEDENT DAUGHTER

Address 472 COLUMBUS AVE

22 PLACE OF BURIAL OR CREMATION CALVARY CEM

DATE OF BURIAL OR CREMATION MAY 1, 1943

23 FUNERAL DIRECTOR BUCKLEY FUNERAL ADDRESS 441 W 43 ST

PERMIT NUMBER 35