

Certificate of Death

Certificate No. 156-52-101923

1952 JAN 25 PM 3:03

1. NAME OF DECEASED ANGEL ARAGON
(Print or Typewrite) First Name Middle Name Last Name

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State New York
(b) Co. New York (c) Post Office and Zone NY 10034
(d) No. 64 Vermilyea Ave.
(e) Length of residence or stay in City of New York immediately prior to death 36 yrs.

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

4 DATE OF BIRTH OF DECEDENT (Month) Aug. (Day) 2, (Year) 1890

5 AGE 61 yrs. If under 1 year mos. days If LESS than 1 day, hrs. or min.

6 Usual Occupation (Kind of work done during most of working life, even if retired) Maintenance man
Kind of Business or Industry in which this work was done D. R. T. Subway

7 SOCIAL SECURITY NO.

8 BIRTHPLACE (State or Foreign Country) Cuba

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

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? No 10b. IF YES, Give war or dates of service

11 NAME OF FATHER OF DECEDENT Ignacio Aragon

12 MAIDEN NAME OF MOTHER OF DECEDENT Filomena Valdes

13 NAME OF INFORMANT Frances Aragon RELATIONSHIP TO DECEASED wife ADDRESS 64 Vermilyea Ave.

13a. Name of Cemetery or Crematory Gate of Heaven Cem. 13b. Location (City, Town or County and State) Hawthorne, N.Y. 13c. Date of Burial or Cremation Jan. 28, 1952

14 FUNERAL DIRECTOR Cornier Funeral Home ADDRESS 4955 Bway PERMIT NUMBER 116

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

15 PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough MANHATTAN
(c) Name of Hospital or Institution NEW YORK HOSPITAL
(If not in hospital of institution, give street and number.)
(d) If in hospital, give Ward No. 33

16 DATE AND HOUR OF DEATH JAN. 24-1952 (Month) (Day) (Year) (Hour) 3 50 pm

17 SEX MALE 18 COLOR OR RACE WHITE 19 Approximate Age 61

20 I HEREBY CERTIFY that ~~(I attended the deceased)~~
(a staff physician of this institution attended the deceased)*
from 1/17/1952, to 1/24/1952,
and last saw him alive at 1/24/1952 M on 1/24/1952

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.

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

Witness my hand this 24 day of January, 1952
Signature Leadwallis M. D.
Address 525 East 68 Street, N.Y.C.

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

THE JOHNS HOPKINS UNIVERSITY
DEPARTMENT OF CHRONIC DISEASES
615 N. Wolfe Street
Baltimore, Md., 21205

INFORMATION TO BE ABSTRACTED FROM NEW YORK CITY DEATH RECORDS:

Name of Deceased Angel Aragon

Date of Death Jan. 24, 1952 Place of Death New York Hosp City New York State NY

Date of Birth 8-2-1890 Age 61 Race W Sex M

Place of Birth Cuba City State

Marital Status: Sin. () Mar. () Wid. () Div. ()

Usual Place of Residence 64 Vermilyea Ave NYC City State

Father's Name Ignacio

Mother's Maiden Name Filomena Valdes

Name of Spouse Frances

Causes of Death Length of time between onset & death

(A) dermatomyositis 4 years

(B) _____ Due to _____

(C) _____ Due to _____

(D) _____

International Code for Cause of Death 710⁰

Was death result of: Accident () Suicide () Homicide ()

Was autopsy performed? Yes () No () X

Informant Frances wife

Cemetery Gate of Heaven, Hawthorne, NY Address of cemetery

Occupation Maintenance man
D. R. T. Subway