

New York State Department of Health  
OFFICE OF VITAL RECORDS

077841

CERTIFICATE OF DEATH

Registered No. 316

4. No. 8004  
To be reported by Registrar

1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY <u>Nassau</u>		2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission). a. STATE <u>New York</u>	
b. TOWN <u>Hempstead</u>		b. COUNTY <u>Nassau</u>	c. TOWN <u>Hempstead</u>
c. CITY OR VILLAGE <u>Freeport</u>		d. CITY OR VILLAGE <u>Freeport</u> <small>Is residence within its corporate limits?</small> YES <input type="checkbox"/> NO <input type="checkbox"/>	
d. NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		e. STREET ADDRESS <u>62 Southside Ave.</u>	
2. NAME OF DECEASED (Type or Print) <u>WALTER G. BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 2, 1966</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>Mildred Garrigan</u>
9. DATE OF BIRTH <u>April 30, 1907</u>	10. AGE (In years last birthday) <u>59</u>	11. BIRTHPLACE (State or foreign country) <u>Crown, R.I.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Games Supervisor</u>		13b. KIND OF BUSINESS OR INDUSTRY <u>State Parks</u>	
14. FATHER'S NAME <u>Theodore Brown</u>		15. MOTHER'S MARRIAGE NAME <u>Sadie Benjamin</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>434 01 5003</u>	18. DECEASED'S NAME AND ADDRESS <u>Mrs. Mildred G. Brown 62 Southside Ave., Freeport, NY</u>

19. CAUSE OF DEATH (Enter only one cause on a line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>15 yrs</u>
Conditions, if any, which gave rise to above immediate cause (a), stating the underlying cause last.	DUE TO (b) <u>hypertension arteriosclerosis</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(a)		20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<u>Pneumonia, cerebral hemorrhage</u>		

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19.) <u>447</u>	N.Y. STATE DEPT. OF HEALTH VR FILE <u>NOV 16 1966</u>
21c. TIME OF INJURY Hour a. m. p. m.	21d. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>	
21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21f. WHERE DID INJURY OCCUR? City or town	

22 I hereby certify that I attended the deceased from 9/20/66 19 66 to 10/2/66 19 66, that I last saw the deceased alive on 10/2/66 19 66, and that death occurred at 9:45 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) Richard J. Lerner (Design or title) MD 23b. ADDRESS 100 S Coequele Freeport 23c. DATE SIGNED 10/2/66

24a. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pinelawn Memorial Park</u>	24b. LOCATION (CITY, TOWN OR COUNTY AND STATE) <u>Pinelawn, New York</u>	24c. DATE OF BURIAL OR CREMATION <u>October 5, 1966</u>
25a. SIGNATURE OF UNDERTAKER <u>Wm. J. Lerner</u>	REGISTRATION NO. <u>L00861</u>	25b. ADDRESS OF UNDERTAKER <u>110 Pine St., Freeport, New York</u>
25c. NAME OF ESTABLISHMENT <u>Hungerford &amp; Clark Inc.</u>	REGISTRATION NO. <u>K1224</u>	25d. DATE FILED BY LOCAL <u>Oct 3 1966</u>
<u>110 Pine St., Freeport, NY</u>		25e. SIGNATURE OF REGISTRAR <u>Wm. J. Lerner</u>

Burial or Transit { Permit issued by Wm. J. Lerner Date of issue 10/3/66