

CERTIFICATE OF DEATH

DATE OF DEATH

6/13/69

1. Name of Deceased CHARLES RICHIE		2. Sex M		3. Date of Birth 11/18/21		4. Was deceased ever in U.S. Armed Forces? No	
5. Age last b'orn 47 5 5		6. Under 1 Yr. Months Days Hours 1 13		7. Date of Death 6/13/69		8. Was deceased ever in U.S. Armed Forces? No	
9. Birthplace (State or foreign country) New Jersey		10. Children of what country? USA		11. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/>		12. Social Security No.	
13. USUAL RESIDENCE (If institution, name, long legal address) a. State N.J. b. County HUDSON c. City North Bergen		14. a. Street Address (If rural, P.O. Address) 1709 - 47th Street		15. USUAL RESIDENCE (If institution, name, long legal address) a. State N.J. b. County HUDSON c. City North Bergen		16. Street Address (If rural, P.O. Address) 1709 - 47th Street	
17. Name of Hospital or Institution (If not in hospital or institution give street address) North Hudson Hospital				18. Kind of Business or Industry Red Star Express			
19. Occupation (Give kind of work done during most of working life, even if retired) Supervisor				20. Kind of Business or Industry Red Star Express			
21. Father's Name Robert Fuchs				22. Mother's Maiden Name Cornelia Nye			
23. Decedent's Name and Address Gertrude Fuchs, Same as #13							
18. PART I DEATH WAS CAUSED BY Enter only one cause per line for (a), (b) and (c)							
Immediate Cause (a) hypertensive cerebral apoplexy						Approximate interval between onset and death	
Contributing Cause (b) hypertension						1 1/2	
Underlying Cause (c) hypertension							
PART II OTHER SIGNIFICANT CONDITIONS							
19a. Was autopsy performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		19b. If yes, were findings considered in determining cause of death? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
24a. Accident, Suicide, Homicide to the best of my knowledge		24b. Date and Hour of Injury M		24c. How Injury Occurred (Enter nature of injury in Part I or II, if applicable)			
24d. Injury Occurred: While at <input type="checkbox"/> Not While <input type="checkbox"/> Work at Work		24e. Place of Injury (e.g. in or about home, farm, factory, street, office bldg., etc.)		24f. City, Town or Location County State			
25. I attended, examined the deceased (from, on) 5/11 at 679 and last saw (him, her) alive on 5/11 Death occurred at LWA on the date stated above, and to the best of my knowledge, from the causes stated.							
26a. Attending Phys. <input checked="" type="checkbox"/> Med. Exam. <input type="checkbox"/> County Phys. <input type="checkbox"/>				26b. Address North Bergen		26c. Date signed 6/13/69	
26a. Signature H.J. Schreyer		26b. Address North Bergen		26c. Date signed 6/13/69		26d. Signature H.J. Schreyer	
27a. Burial, Cremation, Removal (Specify) Burial		27b. Cemetery or Crematory Name George Washington Mem. Pk.		27c. Location Paramus		27d. State N.J.	
27a. Burial Date Mo. Day Yr. 6-13-69		27b. Funeral Home Name Leber Funeral Home, Inc.		27c. Funeral Home Address 2000 Kennedy Blvd., U.C.			
28a. Funeral Director Leber		28b. N. J. License No. 1779		28c. Registrar Issuing Permit - Signature Charles J. ...		28d. Date Filed by Local Registrar 6-13-69	