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New York State Department of Health
OFFICE OF VITAL RECORDS

Dist. No. 2952 To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. 126

1. PLACE OF DEATH: STATE OF NEW YORK
a. COUNTY: Nassau
b. TOWN: Oyster Bay
c. CITY OR VILLAGE: Massapequa
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 44 East Shore Drive
e. LENGTH OF STAY IN TOWN, CITY OR VILLAGE: 8 Mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: New York
b. COUNTY: Nassau
c. TOWN: Oyster Bay
d. CITY OR VILLAGE: Massapequa
Is residence within its corporate limits? YES ☐ NO ☒
e. STREET ADDRESS: 44 East Shore Drive
f. IS RESIDENCE ON FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or Print): Silas Clarke Herring
4. DATE OF DEATH (Month) (Day) (Year): February 11, 1965
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife: Mary Walsh
9. DATE OF BIRTH: 3/4/1880
10. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Supervisor (Retired)
13b. KIND OF BUSINESS OR INDUSTRY: Automotive Car Company
14. FATHER'S NAME: Frederick Herring
15. MOTHER'S MAIDEN NAME: Unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
17. SOCIAL SECURITY NO.: 186 22 5748
18. INFORMANT'S NAME: Frederick Herring, ADDRESS: Massapequa, N.Y.

19. CAUSE OF DEATH (Enter only one cause on a line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above immediate cause (a), stating the underlying cause last.
DUE TO (b): Acute coronary artery occlusion — Immediate
DUE TO (c): Arterio sclerotic Heart disease — 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(a): no
20. WAS AUTOPSY PERFORMED? YES NO
N Y STATE DEPT. OF HEALTH VR FILE MAR 15 1965
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): —
21b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19.)
21c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
21d. INJURY OCCURRED While at ☐ Work Not While ☐ at Work
21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21f. WHERE DID INJURY OCCUR? City or town County State

22. I hereby certify that I attended the deceased from 8-14-, 1964, to 2-11-, 1965, that I last saw the deceased alive on 2-11-, 1965, and that death occurred at 8 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE: Stanley C. Reau, MD (Degree or title)
23b. ADDRESS: Amityville, N.Y.
23c. DATE SIGNED: 2-11- 1965

24a. PLACE OF BURIAL, CREMATION OR REMOVAL: Woodland Cemetery
24b. LOCATION (CITY, TOWN OR COUNTY AND STATE): Philadelphia, Pa.
24c. DATE OF BURIAL OR CREMATION: February 13, 1965
25a. SIGNATURE OF UNDERTAKER: [signature] REGISTRATION NO.: L00960
25b. ADDRESS OF UNDERTAKER: 99 Oak Street, Copiague, New York
26a. NAME OF ESTABLISHMENT: Andrea Bros. Funeral Home, Inc. REGISTRATION NO.: L0594
26a. DATE FILED BY LOCAL REG.: 2/15/65
26b. SIGNATURE OF REGISTRAR: William B. [signature] Esq.
Burial or Transit Permit Issued by: Augusta W. Green Sup Reg. Feb. 11th 1965

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D 2-13-65, MASSAPEQUA, NEW YORK
BURIED WOODLAND CEMETERY, PHILADELPHIA

Bill Haber

Bill Haber

FRED HERRING, (SON)
44 EAST SHORE DRIVE
MASSAPEQUA, N.Y. 11758
SENT B

ADDRESSEE UNKNOWN
F3925
1-10-80