

FILED

Certificate of Death

Certificate No. 156-49-401697

1949 FEB 25 AM 9 54

I. NAME OF
DECEASED
(Print or Type-write)

THEODORE

First Name

Middle Name

SCHEFFLER

Last Name

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State New York
 (b) Co. Queens (c) Post Office and Zone BELLEROSE
 (d) No. 86-10-253rd St Ave. St.
 (e) Length of residence or stay in City of New York immediately prior to death LIFE

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED4 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)
April 5, 18645 AGE If under 1 year If LESS than 1 day.
84 yrs. mos. days hrs. or min.6 Occupation
a. Usual Occupation (Kind of work done during most of working life, even if retired) RETIRED CLERKb. Kind of Business or Industry in which this work was done
U.S. Post Office7 SOCIAL SECURITY NO.
NONE8 BIRTHPLACE (State or Foreign Country) New York City9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? U.S.A.10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? NONE 10b. IF YES, Give war or dates of service11 NAME OF FATHER OF DECEDENT JACOB12 MAIDEN NAME OF MOTHER OF DECEDENT MAGDELIN BUTCHER

13 NAME OF INFORMANT

MARY SCHEFFLER

RELATIONSHIP TO DECEASED

WIFE

ADDRESS

86-10-253rd St Bellerose L.I.

14a. Name of Cemetery or Crematory

ST. CHARLES CEM

14b. Location (City, Town or County and State)

FLINGLAWN, L.I. N.Y.

14c. Date of Burial or Cremation

FEB. 28, 1949

21 FUNERAL DIRECTOR

WALTER B COOKE INC

ADDRESS

150-10 Hillside Ave

PERMIT NUMBER

3012MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

15 PLACE OF DEATH:

(a) NEW YORK CITY: (b) Borough Queens(c) Name of Hospital or Institution Queens General Hospital
(If not in hospital or institution, give street and number.)(d) If in hospital, give Ward No. 3-South16 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) February 24, 1949 7:55 AM17 SEX Male 18 COLOR OR RACE White 19 Approximate Age 84 years20 I HEREBY CERTIFY that ~~signature of physician~~
(a staff physician of this institution attended the deceased)*from Feb. 19, 1949, to Feb. 24, 1949
and last saw him alive at 7:55 AM on Feb. 24, 1949I 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 February, 19 49Signature Beatrice Katz M. D.Address Queens General Hospital, Jamaica