

3301

New York State Department of Health
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

25090

Dist. No. To be inserted by registrar

Registered No. 736

1. PLACE OF DEATH, STATE OF NEW YORK & COUNTY **Onondaga**

2. USUAL RESIDENCE (Where deceased lived, if more than one residence before admission):
a. STATE **New York** b. COUNTY **Onondaga**

3. TOWN **Syracuse** c. CITY OR VILLAGE **Syracuse**

4. CITY OR VILLAGE **Syracuse** Is residence within its corporate limits? YES NO

5. STREET ADDRESS **1221 West Genesee St.**

6. NAME OF HOSPITAL OR INSTITUTION **1221 West Genesee St.**

7. NAME OF DECEASED (Type or Print) **Reginald J. Grabowski**

8. DATE OF DEATH (Month) (Day) (Year) **April 2, 1955**

9. SEX **Male** & COLOR OR RACE **White**

10. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) **Married**

11. IS MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife **Marcia Therra**

12. BIRTHPLACE (State or foreign country) **Syracuse, New York**

13. CITIZEN OF WHAT COUNTRY? **USA**

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Collector of Parking Meter Fees**

15. KIND OF BUSINESS OR INDUSTRY **Department of Traffic and Lighting, City of Syracuse**

16. MOTHER'S MAIDEN NAME **Bertha Sommerfeldt**

17. FATHER'S NAME **Embert Grabowski**

18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **No**

19. SOCIAL SECURITY NO. **475-05-1099**

20. INFORMANT'S NAME **Marcia Grabowski** ADDRESS **1221 W. Genesee St.**

21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO **Probable arteriosclerotic heart disease few hrs.**

22. ANTECEDENT CAUSES (B) DUE TO **4 2 5 0**

23. DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) or acting the UNDERLYING CONDITION last. (C)

24. OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it.

25. DATE OF OPERATION

26. MAJOR FINDINGS OF OPERATION

27. ACCIDENT, SUICIDE, HOMICIDE (Specify)

28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

29. WHERE DID INJURY OCCUR? (City or town) (County) (State)

30. TIME (Month) (Day) (Year) (Hour) OF INJURY

31. INJURY OCCURRED (White or Not White) (Work or at Work)

32. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m, from the causes and on the date stated above.

My SIGNATURE **Martin F. Hellmeyer, acting coroner** ADDRESS **766 Irving Ave Syracuse, NY** DATE SIGNED **Apr 2 1955**

33. PLACE OF BURIAL, CREMATION OR REMOVAL **Sacred Heart Cemetery, Onondaga, N.Y.**

34. DATE **April 5, 1955**

35. REGISTRY FEE **100.00**

36. DATE FILED BY LOCAL HEALTH DEPARTMENT **APR 4 1955**

37. SIGNATURE **Ada H. Carr, Deputy Registrar**

38. UNDERSEALER'S ADDRESS **Syracuse, New York**

39. REGISTRATION NO. **003076**

Burial or Transit Permit issued by **Ada H. Carr, Deputy Registrar** Date of issue **APR 4 1955**

MEDICAL CERTIFICATION