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RECORDED DISTRICT 101
NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. NAME: FIRST MIDDLE LAST
STEPHEN J. TRAMBACK

2. SEX
MALE FEMALE

3A. DATE OF DEATH
MONTH DAY YEAR
Dec 28 79 0805a.m.

4. AGE
64 YEARS

IF UNDER 1 YEAR MONTHS DAYS

IF UNDER 1 DAY HOURS MINUTES

5. DECEDENT BORN
MONTH DAY YEAR
Nov. 1, 1915

6. VETERAN OF U.S. ARMED FORCES?
NO YES IF YES, SPECIFY WAR OR DATES OF SERVICE
W.W.II

7. SOCIAL SECURITY NUMBER
094-09-6794

DECEDENT

8A. COUNTY OF DEATH
Albany

8B. LOCALITY (CHECK ONE AND SPECIFY)
 CITY OF **Albany**
 TOWN OF
 VILLAGE OF

8C. HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE ADDRESS)
Albany Medical Center Hospital

8D. IF IN HOSPITAL OR INSTITUTION (CHECK ONE)
 O.A.
 EMERGENCY ROOM
 INPATIENT

8E. IF INPATIENT ADMISSION DATE
MONTH DAY YEAR
Nov 10 79

9. STATE OF BIRTH (COUNTRY IF NOT USA)
Pennsylvania

10. CITIZEN OF WHAT COUNTRY?
U.S.A.

11. MARITAL STATUS (CHECK ONE)
1 NEVER MARRIED 3 WIDOWED
2 MARRIED OR SEPARATED 4 DIVORCED

12. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME)
Virginia Schade

13. RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY)
White

14. OF SPANISH ORIGIN? IF YES CHECK ONE
1 MEXICAN
2 PUERTO RICAN
3 CUBAN
4 CENTRAL OR SOUTH AMERICAN

15. EDUCATION: INDICATE HIGHEST GRADE COMPLETED ONLY

ELEMENTARY								HIGH SCHOOL				COLLEGE					
0	1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17

16A. USUAL OCCUPATION (DO NOT ENTER RETIRED)
Steamfitter

16B. KIND OF BUSINESS OR INDUSTRY
Local #7 Plumbers & Steamfitters, Albany, N.Y.

16C. NAME AND LOCALITY OF FIRM OR COMPANY

RESIDENCE

17A. STATE
New York

17B. COUNTY
Albany

17C. LOCALITY (CHECK ONE AND SPECIFY)
 CITY OF **Albany**
 TOWN OF
 VILLAGE OF

17E. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS?
YES NO IF NO, SPECIFY TOWN:

17D. STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE)
826 Chestnut Street, Albany, New York 12203

18A. NAME OF FATHER: FIRST MIDDLE LAST
Martin Tramback

18B. NAME OF MOTHER: FIRST MIDDLE LAST
Isabel Wojcicki

19A. NAME OF INFORMANT
Virginia Tramback

19B. MAILING ADDRESS (INCLUDE ZIP CODE)
826 Chestnut St., Albany, N.Y. 12203

DISPOSITION

20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION (SPECIFY)
Burial

20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION
12 31 79 Our Lady of Angels Ceme., Colonie, N.Y.

20C. LOCATION (CITY OR TOWN, STATE)

21A. NAME AND ADDRESS OF FUNERAL HOME
Lasak & Gigliotti, Inc., 8 Dudley Hgts., Albany, N.Y.

21B. REGISTRATION NO.
01404

22A. NAME OF FUNERAL DIRECTOR
A. Andrew Gigliotti

22B. SIGNATURE OF FUNERAL DIRECTOR
A. Andrew Gigliotti

22C. REGISTRATION NO.
06813

23A. SIGNATURE OF REGISTRAR
Antonette J. Maherty

23B. DATE FRIED
Dec 28 79

24A. BURIAL OR REMOVAL PERMIT ISSUED
Antonette J. Maherty

24B. MONTH DAY YEAR
Dec 28 79

CERTIFIER

25. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY -OR- TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY

A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED
0805am
MONTH DAY YEAR
Dec 28 79

SIGNATURE *Stephen J. Anest MD*

B. THE PHYSICIAN ATTENDED THE DECEASED
FROM: **Nov 10 79** TO: **Dec 28 79**

C. LAST SEEN ALIVE
MONTH DAY YEAR
Dec 28 79

D. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER
Drs Carter-Reed

26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR)
S. J. Anest, MD Albany Medical Center Hospital, Albany, NY 12203

CAUSE

27. DEATH WAS CAUSED BY ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE
Cardi. respiratory arrest

(B) DUE TO, OR AS A CONSEQUENCE OF
Uremia

(C) DUE TO, OR AS A CONSEQUENCE OF
Carcinoma of gall bladder, widely metastatic

PART B. OTHER SIGNIFICANT CONTRIBUTING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

28A. AUTOPSY?
YES NO

28B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?
1 YES 2 NO

29. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER?
1 YES 2 NO

30A. SPECIFY IF ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING INVESTIGATION

30B. DATE OF INJURY
MONTH DAY YEAR

30C. HOUR OF INJURY
M.

30D. DESCRIBE HOW INJURY OCCURRED

30E. INJURY AT WORK?
YES NO

30F. PLACE OF INJURY: HOME, FACTORY, OFFICE BLDG., ETC.

30G. LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)