

040358

DISTRICT NO. 4321
REGISTERED NO. 4350
13

STATE OF NEW YORK DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED - NAME FIRST MIDDLE LAST William C. Drescher			2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) May 15 1968	
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White		5A. AGE - LAST BIRTH DAY (YRS.) 46	5. DATE OF BIRTH (MONTH, DAY, YEAR) May 23, 1921		7A. COUNTY OF DEATH Rockland
7B. CITY, TOWN, OR VILLAGE OF DEATH Haverstraw		7C. LENGTH OF STAY 1 Hr	7D. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET & NO.) Rock-Industries, Martin Marietta Corp		
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) Congers, N.Y.		9. CITIZEN OF WHAT COUNTRY U.S.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11. SURVIVING SPOUSE (IF WIFE - GIVE MAIDEN NAME) Jane Foley	
12. SOCIAL SECURITY NO. - DECEASED 101-12-1130					
13A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Electrician			13B. KIND OF BUSINESS OR INDUSTRY Local Union 363		13C. RESIDENCE - STATE N.Y.
14B. COUNTY Rockland	14C. TOWN Clarkstown	14D. CITY OR VILLAGE Congers	14E. INSIDE CORPORATE LIMITS (SPECIFY YES OR NO) No	14F. STREET AND NUMBER 43 North Conger's Ave	

15. FATHER - NAME FIRST MIDDLE LAST Oswald Drescher			16. MOTHER - MARRIAGE NAME FIRST MIDDLE LAST Anna Kley		
17A. INFORMANT - NAME Mrs Jane Drescher			17B. MAILING ADDRESS (STREET OR R.F.D., CITY OR TOWN, STATE, ZIP) 43 North Conger's Ave, Congers, N.Y.		

PART I - DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))		APPROXIMATE INTERVAL BETWEEN ONSET & DEATH
18. IMMEDIATE CAUSE Myocardial infarction		Minutes
19. DUE TO OR AS A CONSEQUENCE OF Coronary occlusion		
20. CONDITIONS (IF ANY) WHICH GAVE RISE TO IMMEDIATE CAUSE (BY STATING THE UNDERLYING CAUSE LAST)		
PART II - OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I)		
4/20/68		
21A. ACCIDENTAL INJURY (TO IDENTIFY TYPE OF INJURY)	21B. DATE OF INJURY (MONTH, DAY, YEAR)	21C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II ITEM 19)
22. OCCASION OF DEATH (GIVE DAY, DATE, AND TIME)	23. PLACE OF DEATH (HOME, FARM, STREET, RAILROAD, HIGHWAY, LOCATION)	24. SPECIES OF ANIMAL (IF DEATH OF ANIMAL) (GIVE SPECIES)

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25. CERTIFICATION BY PHYSICIAN (TYPE OF PHYSICIAN - NAME, ADDRESS, DATE) (SEE THE DECEASED FROM)	26. SIGNATURE (LAST, FIRST, MIDDLE INITIAL) (DATE)	27. PLACE AND DATE OF DEATH (MONTH, DAY, YEAR, HOUR)
Dr. J. J. ...	J. J. ...	0705A 5/15/68
28. CERTIFICATION BY MEDICAL EXAMINER OR CORONER OF THE CAUSE OF DEATH (EXAMINATION OF THE BODY AND/OR THE INVESTIGATION OF THE SCENE OF DEATH) (DATE OF EXAMINATION)	29. PLACE AND DATE OF DEATH (MONTH, DAY, YEAR, HOUR)	30. SIGNATURE (LAST, FIRST, MIDDLE INITIAL) (DATE)
	0705A 5/15/68 0805A	...

31. REGISTRAR - NAME (TYPE OR PRINT)	32. SIGNATURE	33. DATE SIGNED (MONTH, DAY, YEAR)
E. G. Weishaar	[Signature]	5/15/68
34. MAILING ADDRESS (CITY, STATE, ZIP)	35. CITY OR TOWN	36. STATE
102 S. ... West Nyack NY 10994	West Nyack NY	NY

37. BURIAL INFORMATION (IF REMOVAL IS SPECIFIED)	38. PLACE OF BURIAL (CITY OR TOWN, STATE)	39. LOCATION
Burial	St Peter's Cemetery	Haverstraw, N.Y.

40. DATE (MONTH, DAY, YEAR)	41. FUNERAL HOME - NAME AND ADDRESS (CITY OR TOWN, STATE, ZIP)	42. REGISTRATION NO.
May 18, 1968	VICTOR J. SHANKEY FUNERAL SERVICE, INC. 78 Hudson Ave Haverstraw, N.Y.	C-2967
43. FUNERAL DIRECTOR'S SIGNATURE	44. REGISTRAR'S SIGNATURE	45. DATE OF ISSUE (MONTH, DAY, YEAR)
[Signature]	[Signature]	May 16, 1968
46. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	47. BUREAU PERMIT - ISSUED BY	
May 16, 1968	[Signature]	