

New York State Department of Health  
OFFICE OF VITAL RECORDS

Dist. No. 433  
To be entered by

CERTIFICATE OF DEATH

Registered No. 3

1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY <u>Rockland</u> b. TOWN <u>Ramapo</u> c. CITY OR VILLAGE <u>Sloatsburg</u> d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>15 Harriman Avenue</u>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission). a. STATE <u>New York</u> b. COUNTY <u>Rockland</u> c. TOWN <u>Ramapo</u> d. CITY OR VILLAGE <u>Sloatsburg</u> Is residence within its corporate limit? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> e. STREET ADDRESS <u>15 Harriman A.</u> f. IS RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>James G. Eschen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 27 1960</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>Eugenie M.</u>	9. DATE OF BIRTH <u>8/21/1891</u>	10. AGE (In years last birthday) <u>69</u>	11. BIRTHPLACE (State or foreign country) <u>New York</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired General Manager</u>	13b. KIND OF BUSINESS OR INDUSTRY <u>Ringwood Co.</u>	
14. FATHER'S NAME <u>William Eschen</u>	15. MOTHER'S MAIDEN NAME <u>Eliza Lawrence</u>	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
17. SOCIAL SECURITY NO. <u>145-57-4086</u>	18. INFORMANT'S NAME <u>Mrs. Jas Eschen</u> ADDRESS <u>15 Harriman Ave. N.Y.</u>		

19. CAUSE OF DEATH (Enter only one cause on a line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma

Conditions, if any, which gave rise to above immediate cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma of the Pancreas

DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH 4 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(a)

20. WAS AUTOPSY PERFORMED? YES  NO

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 Sept 21, 1960 to Sept 27, 1960, that I last saw the deceased alive on Sept 21, 1960, and that death occurred at 9 A.M. from the causes and on the date set out above.

23a. SIGNATURE Joseph J. Benedetto (Degree or title) \_\_\_\_\_ 23b. ADDRESS 1000 W. 114th St. N.Y. 23c. DATE SIGNED Sept 27 1960

24a. PLACE OF BURIAL, CREMATION OR REMOVAL Airmont Cem-Airmont, N.Y. 24b. DATE 9/30/1960 25a. SIGNATURE OF UNDERTAKER Wanamaker & Carlough

25b. ADDRESS OF UNDERTAKER Suffern, N.Y. 2602 REGISTRATION NO. CO4208 25c. DATE FILED BY LOCAL REG. 10/26/60 25d. SIGNATURE OF REGISTRAR Charles L. Llanos

Burial or Transit } Permit issued by \_\_\_\_\_ Date of Issuance \_\_\_\_\_