

# Certificate of Death 156-65-213201

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Certificate No. \_\_\_\_\_

I. NAME OF DECEASED  
(Print or Type) \_\_\_\_\_

*William James Hollahan*  
First Name Middle Name Last Name

**PERSONAL PARTICULARS**  
(To be filled in by Funeral Director)

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

USUAL RESIDENCE: (a) State NEW YORK

16. PLACE OF DEATH:  
(a) NEW YORK CITY: (b) Borough Bronx

(h) Co. BRONX (c) City or Town NEW YORK

(c) Name of Hospital or Institution 190 W. Burnside Ave  
(If not in hospital or institution, give street and number)

(d) No. 190 W. BURNSIDE Ave.

(d) If elsewhere than in hospital or own residence, specify character of place of death, as hotel, office, store, street, taxicab, etc.

(e) Length of residence or stay in City of New York immediately prior to death LIFE

17. DATE AND HOUR OF DEATH  
(Month) (Day) (Year) November 27 1965 7:12

SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

18. SEX male 19. Approximate Age 79

DATE OF BIRTH OF DECEDENT (Month) (Day) (Year) Nov 22 1896

20. I HEREBY CERTIFY that, in accordance with the provisions of law, I took charge of the dead body at 190 W. Burnside Ave

AGE 69 yrs. If under 1 year (mon. days) IF LESS than 1 day (hrs. or min.)

this 27 day of November 1965

a. Usual Occupation (Kind of work done during most of working life, even if retired) MESSENGER

I further certify from the investigation and post mortem examination (without) autopsy that, in my opinion, death occurred on the date and at the hour stated above and resulted from (natural causes) (accident) (suicide) (homicide) (undetermined circumstances pending further investigation, and that the causes of death were:

b. Kind of Business or Industry in which this work was done. PHOTO-LAB

**PART I**  
(a) Immediate Cause Massive gastrointestinal  
(b) and (c) Antecedent Causes with Primary Cause Stated Last hemorrhage gastric ulcer

7. SOCIAL SECURITY NO. 119-01-6670

8. BIRTHPLACE (State or Foreign Country) N.Y. CITY

9. OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? U.S.

**Part II**  
Contributory Causes \_\_\_\_\_

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? No 10b. IF YES, Give war or dates of service.

11. NAME OF FATHER OF DECEDENT WILLIAM FRANCIS HOLLAHAN

Signed Sanford Elbera, M.D.  
(Assistant) (Deputy Chief) (Chief Medical Examiner)

12. MAIDEN NAME OF MOTHER OF DECEDENT ANNA FUREY

M. E. Case No. 4149

13. NAME OF INFORMANT ANNA POWELL

RELATIONSHIP TO DECEASED NIECE ADDRESS 2988 MARION AVE

14a. Name of Cemetery or Community DATE OF HEAVEN

14b. Location (City, Town or County and State) MT. PLEASANT, N.Y. 14c. Date of Burial or Cremation 12-1-1960

15. FUNERAL DIRECTOR WALTER B. COOKE 190th ST., INC.

ADDRESS 1 W. 190 ST.