

CERTIFICATE OF DEATH

Registered No. 126

Dist. No. 8952

To be inserted by registrar

1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY Nassau			2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission). a. STATE New York		
b. TOWN Oyster Bay		c. LENGTH OF STAY IN TOWN, CITY OR VILLAGE 8 Mos.	b. COUNTY Nassau		c. TOWN Oyster Bay
c. CITY OR VILLAGE Massapequa			d. CITY OR VILLAGE Massapequa		Is residence within its corporate limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 44 East Shore Drive			e. STREET ADDRESS 44 East Shore Drive		f. IS RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) Silas Clarke Herring			4. DATE OF DEATH (Month) (Day) (Year) February 11, 1965		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Mary Walsh		
9. DATE OF BIRTH 3/4/1880		10. AGE (In years if under 1 year if under 24 Hrs. last birthday) 84		11. BIRTHPLACE (State or foreign country) Pennsylvania	
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Supervisor (Retired)			13b. KIND OF BUSINESS OR INDUSTRY Automotive Car Company		
14. FATHER'S NAME Frederick Herring			15. MOTHER'S MAIDEN NAME Unknown		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) No		17. SOCIAL SECURITY NO. 186 22 5748	18. INFORMANT'S NAME AND ADDRESS Frederick Herring, Massapequa, N.Y.		
19. CAUSE OF DEATH (Enter only one cause on a line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above immediate cause (a), stating the underlying cause last. DUE TO (b) Acute coronary artery occlusion					Immediate
DUE TO (c) Arterio-sclerotic heart disease					10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(a) No					20. WAS AUTOPSY PERFORMED? NY STATE DEPT. OF HEALTH FILE MAR 15 1965
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in Part I or Part II of this form) + 20.1			
21c. TIME OF INJURY		21d. INJURY OCCURRED While at <input type="checkbox"/> Met While <input type="checkbox"/> at Work			
21e. PLACE OF INJURY (e.g., in or about house, 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 8-14-1964, to 2-11-1965, that I last saw the deceased alive on 2-11-1965, and that death occurred at 2 AM, from the causes and on the date stated above.					
23a. SIGNATURE (Signature) H. H. Herring, MD		23b. ADDRESS Amherst, N.Y.		23c. DATE SIGNED 2-11-1965	
24. PLACE OF BURIAL, CREMATION OR REMOVAL Woodland Cemetery		24a. LOCATION (CITY, TOWN OR COUNTY AND STATE) Philadelphia, Pa		24b. DATE OF BURIAL OR CREMATION February 13, 1965	
25. SIGNATURE OF UNDERTAKER Paul D. J. J. J.		REGISTRATION NO. 100960		25a. ADDRESS OF UNDERTAKER 99 Oak Street, Copiague, New York	
NAME OF ESTABLISHMENT Andrea Bros. Funeral Home, Inc.		REGISTRATION NO. 71516		25b. DATE FILED BY LOCAL 7-15-65	
25c. SIGNATURE OF REGISTRAR William B. O'Keefe		25d. PERMIT ISSUED BY Augusta W. Screen Surrogate Feb. 11, 1965			

all of fame in
abouts (either
the name of
the baseball.

nia, Pennsyl-
Washington

been residing

ple records of
e current where-
ress on file,
d in the sale
resident of
1960 will be
at you may be

a for your kind

BURIED WOODLAND CEMETERY, PHILADELPHIA

Bill Haber

FRED HERRING, (SON)
44 EAST SHORE DRIVE
MASSAPEQUA, N.Y. 11758

ADDRESS SEE UNKNOWN
F3925
1-10-80

YAT B