

CERTIFICATE OF DEATH  
STATE OF CONNECTICUT DEPT. OF HEALTH SERVICES

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	STATE PRE NUMBER
Ruth				Lucker	F	
1 DATE OF BIRTH (Month, Day, Year)	RACE - (Irish, Negro, American Indian, etc. (Specify))	AGE - Last Birthday (Month, Day, Year)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF DEATH (Month, Day, Year)	
2	White	76			8/11/87	
3 COUNTY OF DEATH	TOWN OF DEATH	HOSPITAL OR OTHER INSTITUTION - (Name (If not of which give street and number) (If not, to Dept. of State, Dept. of Health, (Hospital) (Specify))				
4 Hartford	Hartford	Hebrew Home Hosp. 615 Tower Ave. H.H.C.				
5 CITY & STATE OF BIRTH (Country, if not U.S.)	CITIZEN OF (Country)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, LEGALLY SEPARATED,		LAST SPOUSE (If not, give maiden name)		
6 New York, New York	USA	12 Widowed		13 Harry Lucker		
7 SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of work done during most of working life, even if irregular)	KIND OF BUSINESS OR INDUSTRY				
	15 Housewife	16 At home				
8 RESIDENCE - STATE	COUNTY	TOWN	STREET AND NUMBER			
9 Connecticut	18 Hartford	19 Bloomfield	20 156 Wintonbury Avenue			
10 WAS DECLARED A VETERAN (Specify year of war)	IF YES, GIVE WAR	UNIT OR SHIP				
11 NO	22	23				
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME	
24		Unobtainable Bromberg			25 Unobtainable	
INFORMANT - NAME						
26 Mr. Jerome R. Lucker						
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)						
27 85 Whitehill Drive, West Hartford, Ct. 06117						
PART I. DEATH WAS CAUSED BY (Enter Only One Cause Per Line For 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
28 IMMEDIATE CAUSE						
101 Cardiorespiratory arrest						Immediate
102 Atherosclerotic heart disease						years
103						
PART II. OTHER (SIGNIFICANT) CONDITIONS: (Conditions contributing to death but not used to cause given in Part I)						AUTOPSY (Yes or No)
NONE						NO
IF YES with findings considered in determining cause of death						NO
CERTIFICATION - PHYSICIAN		Month	Day	Year	And Last Saw (Month, Day, Year)	DEATH OCCURRED (Hour)
21 I attended the deceased from		4	13	87	8/11/87	6:05 PM
22 WAS CARE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)		23 SURGERY RELEVANT TO CAUSATION REPORTED IN ITEM 28 (Name of Operation)		24 THE OCCIDENT WAS PROHOUNDED DEAD (Month, Day, Year, Hour)		
NO		NONE		8/11/87 6:05 PM		
25 CERTIFIER - NAME (Type or Print)		SIGNATURE		DATE SIGNED (Month, Day, Year)		
26 EDWIN FISHER		[Signature]		8/11/87		
MAILING ADDRESS - CERTIFIER (Street or R.F.D. No., City or Town, State, Zip)		DATE OF BIRTH (Month, Day, Year)		DATE SIGNED (Month, Day, Year)		
27 Mt Cottage Grove Rd Bloomfield Ct. 06102		28		29		
30 BURIAL, CREMATION, REMOVAL (Specify)		CEMETERY OR CREMATORY - NAME		LOCATION City or Town, State		
31 Burial		32 Bayside Cemetery		33 Ozone Park, N.Y.		
DATE (Month, Day, Year)		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
34 Aug. 16, 1987		35 Weinstein Mortuary, 640 Farmington Ave., Hartford, Ct. 06105				
FUNERAL DIRECTOR OR EMBALMER - SIGNATURE		NAME OF EMBALMER (If body was embalmed)		LICENSE NUMBER		
36 [Signature]		37 Gerald Montano		38 2003		
THIS CERTIFICATE RECEIVED BY (Name and Address)		BY		REGISTRAR		
39 AUG 13 1987		40 [Signature]		41 [Signature]		

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

RE INSTRUCTIONS CAREFULLY LEGIBLY with a Perck Record Ink.

COMPLETED, this to be sent to the vital statistics in where death

AREA: to be completed by physician. UNCOMPLETED AREA: to be completed by Funeral director.

"SEAL"

I certify that this is a true copy of the certificate as recorded in this office.

Attest: Miriam Callin Asst. Registrar of "VITAL STATISTICS"

Dated: AUG 13 1987 City of "HARTFORD CONNECTICUT"

Not good without SEAL of the "HARTFORD HEALTH DEPARTMENT"