

CERTIFICATE OF DEATH
STATE OF CONNECTICUT DEPT. OF HEALTH SERVICES

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	STATE PRE NUMBER
1 Ruth				Lucker	7	
2 DATE OF BIRTH (Month, Day, Year)	3 RACE - (White, Negro, American Indian, etc. (Specify))	4 AGE - (Last Birthday) (Years)	5 UNDER 1 YEAR (Mths. Days)	6 UNDER 1 DAY (Hours) (Min.)	8 DATE OF DEATH (Month, Day, Year)	
8/27/90	White	76			8/11/87	
9 COUNTY OF BIRTH	10 TOWN OF BIRTH	11 HOSPITAL OR OTHER INSTITUTION - (Name (If not of which give street and number) (If not, give Apt., Postoffice, P.O., Office, Rm., (Institution) (Specify))		12 LAST SPOUSE (If not, give maiden name)		
HFD	HFD	Hebrew Home Hosp. 615 Tower Ave. HFD		Harry Lucker		
13 CITY & STATE OF BIRTH (County, if not U.S.)	14 CITIZEN OF (Country)	15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, LEGALLY SEPARATED,		16		
New York New York	USA	Widowed				
17 SOCIAL SECURITY NUMBER	18 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	19 KIND OF BUSINESS OR INDUSTRY				
113-05-2706	Housewife	At home				
20 RESIDENCE - STATE	21 COUNTY	22 TOWN	23 STREET AND NUMBER			
Connecticut	Hartford	Bloomfield	156 Wintonbury Avenue			
24 WAS DECLARED A VETERAN (Specify year of war)	25 IF YES, GIVE WAR	26 UNIT OR SHIP		27		
No						
28 FATHER - NAME		FIRST	MIDDLE	LAST	29 MOTHER - MAIDEN NAME	
Unobtainable Bromberg					Unobtainable	
30 INFORMANT - NAME						
Mr. Jerome R. Lucker						
31 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)						
85 Whitehill Drive, West Hartford, Ct. 06117						
32 PART I. DEATH WAS CAUSED BY (Enter Only One Cause Per Line For 1, 2, 3, 4, AND 5)						33 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
34 IMMEDIATE CAUSE						
35 (1) Cardio-pulmonary arrest						Immediate
36 DUE TO, OR AS A CONSEQUENCE OF:						
37 (2) Atherosclerotic heart disease						years
38 (3) (4) (5)						
39 PART II. OTHER (SIGNIFICANT) CONDITIONS: (Conditions contributing to death but not used to cause given in Part I)						40 AUTOPSY (Yes or No)
None						NO
41 CERTIFICATION - PHYSICIAN						42 DEATH OCCURRED (Hour)
43 I attended the deceased from 4/13/87 to 8/11/87						6:05 PM
44 WAS CARE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)						45 THE OCCIDENT WAS PROHOUNCED DEAD (Month Day Year)
NO						8/11/87
46 (Specify Yes or No) 47 NONE						48 SIGNATURE (Name of Title)
EDWARD FISHER						MD
49 MAILING ADDRESS - CERTIFIER (Street or R.F.D. No., City or Town, State, Zip)						50 DATE SIGNED (Month, Day, Year)
701 Cottage Grove Rd Bloomfield Ct. 06102						8/11/87
51 BURIAL, CREMATION, REMOVAL (Specify)		52 CEMETERY OR CREMATORY - NAME		53 LOCATION City or Town State		
Burial		Bayside Cemetery		Ozone Park, N.Y.		
54 DATE (Month, Day, Year)		55 FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
Aug. 16, 1987		Weinstein Mortuary, 640 Farmington Ave., Hartford, Ct. 06105				
56 FUNERAL DIRECTOR OR EMBALMER - SIGNATURE		57 NAME OF EMBALMER (If body was embalmed)		58 LICENSE NUMBER		
Gerald Montano		Gerald Montano		2003		
59 THIS CERTIFICATE RECEIVED BY (Name and Title)		60 BY		61 REGISTRAR		
AUG 13 1987		JAMES HANCOCK M. KANE				

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

HT 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 Callan Asst. Registrar of "VITAL STATISTICS"

Dated: AUG 13 1987 City of "HARTFORD CONNECTICUT"

Not good without SEAL of the "HARTFORD HEALTH DEPARTMENT"