Vol. M79 Page 18762

MTC 4187-C

CITY OF NEW YORK
71964
BUREAU OF VITAL RECORDS
DEPARTMENT OF HEALTH
APR 19 1979

DATE FILED
79 APR 5 P 7.13

CERTIFICATE OF DEATH

Certificate No. 156-79-105567

1. NAME OF DECEASED (Type or Print): LILLIAN (First Name) (Middle Name) CLAUSE (Last Name)

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

2. PLACE OF DEATH: a. NEW YORK CITY BOROUGH: MANHATTAN
b. Name of hospital or institution. If not hospital, street address: LENOX HILL HOSPITAL
c. If in hospital (Check): 1 ☐ DOA 2 ☐ Emerg. Rm. 3 ☐ Outpatient 4 ☒ Inpatient
d. If inpatient, date of current admission: Month 4 Day 1 Year 79

3a. DATE AND HOUR OF DEATH: (Month) APRIL (Day) 5 (Year) 1979
3b. HOUR: 10:20 AM X
4. SEX: Female
5. APPROXIMATE AGE: 50

5. I HEREBY CERTIFY THAT: (Check One)
☐ I attended the deceased. ☒ A staff physician of this institution attended the deceased.
☐ Dr. ______
from 4-1- 1979 to 4-5- 1979 and last saw her alive at 10:19A
on 4-5- 1979. I further certify* that traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES.
*See first instruction on reverse of certificate.

Witness my hand this 5th day of April 1979 Signature J. Polcen M.D.
Name of Physician (Type or Print): J. Polccen Address 100 E. 77th St. NYC

PERSONAL PARTICULARS (To be filled in by Funeral Director)

6. USUAL RESIDENCE a. STATE: NEW JERSEY b. COUNTY: MORRIS c. CITY, TOWN OR LOCATION: PARSIPPANY d. STREET AND HOUSE NUMBER: 200 BALDWIN ROAD e. INSIDE CITY LIMITS OF 7c: ☒ Yes ☐ No

8. MARITAL STATUS (Check one): 1 ☐ Never Married 2 ☒ Married or Separated 3 ☐ Widowed 4 ☐ Divorced
9. CITIZEN OF WHAT COUNTRY: UNITED STATES
10. NAME OF SURVIVING SPOUSE (If wife, give maiden name): EDWARD CLAUSE

11. DATE OF BIRTH OF DECEDENT: (Month) OCTOBER (Day) 5 (Year) 1929
12. AGE AT LAST BIRTHDAY: 49 If UNDER 1 Year: mos days If LESS than 1 Day: hrs. min.

13. USUAL OCCUPATION (Kind of work done during most of working lifetime; do not enter retired.): ACCOUNTANT
b. KIND OF BUSINESS: PRENTICE HALL CO.
14. SOCIAL SECURITY NO.: 050-22-3865

15. BIRTHPLACE (State or Foreign Country): NEW YORK
16. OTHER NAME(S) BY WHICH DECEDENT WAS KNOWN: Lillian Clauss

17. NAME OF FATHER OF DECEDENT: NOT KNOWN
18. MAIDEN NAME OF MOTHER OF DECEDENT: NOT KNOWN

19a. NAME OF INFORMANT: EDWARD CLAUSE
b. RELATIONSHIP TO DECEASED: HUSBAND
c. ADDRESS: 200-BALDWIN ROAD, (City) PARSIPPANY, (State) N.J.

20a. NAME OF CEMETERY OR CREMATORY: HOLY SEPULCHRE CEM.
b. LOCATION (City, Town, State and Country): TOTOWA, N.J.
c. DATE OF BURIAL OR CREMATION: APRIL 9, 1979

21a. FUNERAL DIRECTOR: JOHN E. GALLAHER FUNERAL SVCE.
b. ADDRESS: 180-09 JAMAICA AVE, JAMAICA, N.Y. 11432

BUREAU OF VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record in my custody.

Irwin J. Mellon
CITY REGISTRAR

The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

DO NOT ACCEPT THIS TRANSCRIPT UNLESS THE RAISED SEAL OF THE DEPARTMENT OF HEALTH IS AFFIXED THEREON. REPRODUCTION OR ALTERATIONS ARE PROHIBITED BY LAW.

'79 AUG 7 AM 10 51

AFTER RECORDING PLEASE RETURN:
MR. EDWARD J. CLAUSS JR.
200 BALDWIN ROAD
APT. C-34
PORSIPPANY, NEW JERSEY
07054

State of Oregon,
County of Klamath } ss.

I hereby certify that the within instrument was received and filed for record on the 7th day of August, 19 79, at 10:51 o'clock A M. and recorded on Page 18762 in Book M79 Records of Deeds of said County.

WM. D. MILNE, County Clerk
By Bernetha Letsch Deputy

$3.50