

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DEPARTMENT OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF RICHMOND
FILED

Certificate of Death

1955 MAY 18 PM 1:38

Certificate No. **156-55-500991**

1. NAME OF DECEASED **SALVATORE BRUNO**
(Print or Typewrite) First Name Middle Name Last Name

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State **New York**
 (b) Co. **Richmond** (c) Post Office and Zone **S.I. 14**
 (d) No. **196 Gansevoort Blvd.** Ave. St.
(If in rural area, give location)
 (e) Length of residence or stay in City of New York immediately prior to death **30 Yrs**

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED *(write the word)* **Widowed**

4 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)
November 30 1894

5 AGE **60** yrs. If under 1 year mos. days If LESS than 1 day, hrs. or min.

6 Occupation
 a. Usual Occupation (Kind of work done during most of working life, even if retired) **Trucker**
 b. Kind of Business or Industry in which this work was done

7 SOCIAL SECURITY NO. **131-07-6846**

8 BIRTHPLACE (State or Foreign Country) **Italy**

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? **Italy**

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 **Atino**

12 MAIDEN NAME OF MOTHER OF DECEDENT **Rose Accuma**

13 NAME OF INFORMANT **Altino Bruno** RELATIONSHIP TO DECEASED **Son** ADDRESS **196 Gansevoort Blvd**

14a. Name of Cemetery or Crematory **St. Peters Cemetery** 14b. Location (City, Town or County and State) **Staten Island** 14c. Date of Burial or Cremation **5/21/55**

21 FUNERAL DIRECTOR **Pulaski Funeral Home** ADDRESS **200 Jersey Street** PERMIT NUMBER **A 03428**

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

15 PLACE OF DEATH:
 (a) NEW YORK CITY: (b) Borough **Richmond**
 (c) Name of Hospital or Institution **St Vincents Hospital**
(If not in hospital or institution, give street and number.)
 (d) If elsewhere than in hospital or own residence, specify character of place of death, as hotel, office, store, street, taxicab, etc.

16 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)
May 18 1955 A M.

17 SEX **Male** 18 COLOR OR RACE **White** 19 Approximate Age **60**

20 I HEREBY CERTIFY that, in accordance with the provisions of law, I took charge of the dead body at **Morgue**

this **18** day of **May** 19 **55**

I further certify from the investigation and ~~(autopsy)~~ ~~(partial autopsy)~~ ~~(incision)~~ (examination) that, in my opinion, death occurred on the date and at the hour stated above and resulted from (natural causes) ~~(accident)~~ ~~(suicide)~~ ~~(crime)~~ ~~(undetermined)~~ ~~(circumstances pending further investigation)~~, and that the causes of death were:

PART I
 (a) Immediate Cause **Coronary Occlusion**
 (b) and (c) Antecedent Causes with Primary Cause Stated Last **Arteriosclerotic Heart Disease**

PART II
 Contributory Causes.

Signed **Gretchen Van Wye M.D.** Assistant Medical Examiner
 M. E. Case No. **271** **Stephen P. Schwartz M.D.** Chief Medical Examiner

Gretchen Van Wye
 Gretchen Van Wye, Ph.D., City Registrar as of 9/1/18

Steven P. Schwartz
 Steven P. Schwartz, Ph.D., City Registrar

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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January 11, 2021

