

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF RICHMOND
FILED

Certificate of Death

156-51-501883

1951 MAY 21 AM 9 31

Certificate No.

1. NAME OF DECEASED
(Print or Typewrite)

Josephine
First Name

Bruno
Last Name

PERSONAL PARTICULARS *(To be filled in by Funeral Director)*

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

2 USUAL RESIDENCE: (a) State New York
(b) Co. Richmond (c) Post Office and Zone 1
(d) No. 193 York Ave.
(If in rural area, give location)
(e) Length of residence or stay in City of New York immediately prior to death 40 yrs

15 PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough Richmond
(c) Name of Hospital or Institution 193 York Ave.
(If not in hospital or institution, give street and number.)
(d) If in hospital, give Ward No.

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

18 DATE AND HOUR OF DEATH (Month) (Date) (Year) (Hour)
5 18 1951 8:20 AM

4 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)
1 27 1887

17 SEX Female 18 COLOR OR RACE White 19 Approximate Age 64

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

20 I HEREBY CERTIFY that (I attended the deceased)*
(A staff physician of this institution attended the deceased)†

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

from May 14, 1951 to May 18, 1951
and last saw her alive at 7 P.M. on Jan 16, 1951

7 SOCIAL SECURITY NO. none

I further certify that death was not caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

8 BIRTHPLACE (State or Foreign Country) Italy

* Cross out words that do not apply.
† See first instruction on reverse of certificate.

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

Witness my hand this 18 day of May 1951

11 NAME OF FATHER OF DECEDENT Joseph Papia

Signature Theodor P. Arlus M. D.

12 MAIDEN NAME OF MOTHER OF DECEDENT Maria Vilexia

Address 52 Central Av Staten Is.

13 NAME OF INFORMANT Salvatore Bruno RELATIONSHIP TO DECEASED Husband ADDRESS 193 York Ave.

14a. Name of Cemetery or Crematory St Peter's Cemetery 14b. Location (City, Town or County and State) Staten Island, N.Y. 14c. Date of Burial or Cremation 5-22-51

21 FUNERAL DIRECTOR Pulaski Funeral Home ADDRESS 200 Arveroe St. Dutchen Van Wyck PERMIT NUMBER 3475

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

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.

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

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R04470527

January 11, 2021

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

