

New York State Department of Health
OFFICE OF VITAL RECORDS

CERTIFICATE OF DEATH Registered No.

This No. 8851
To be inserted by registrar

PLACE OF DEATH: STATE OF NEW YORK
a. COUNTY NASSAU

b. TOWN North Hempstead

c. CITY OR VILLAGE Manhasset

d. NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Manhasset Medical Center Hospital

1. NAME OF DECEASED (Type or Print) Michael Kapey

2. SEX Male

3. DATE OF BIRTH Nov 30 1888

4. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Tailor

5. FATHER'S NAME Antoni Kapey

6. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

7. SOCIAL SECURITY NO. 115-26-7167

8. CAUSE OF DEATH (Enter only one cause on a line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) Diabetes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (a)

9. ACCIDENT, SUICIDE, HOMICIDE (Specify) None

10. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 19)

11. TIME OF INJURY (a.m., p.m.)

12. INJURY OCCURRED While at Work Not Work

13. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

14. WHERE DID INJURY OCCUR? City or town Manhasset County Nassau State N.Y.

15. SIGNATURE OF REGISTRAR Dr. William H. Ryan, Jr.

16. PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery, Flushing, N.Y.

17. NAME OF ESTABLISHMENT Doyle B. Shaffer, Inc.

18. DATE Dec 26 1962

2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)
a. STATE New York

b. COUNTY Queens

c. CITY OR VILLAGE N. Y. C.

d. STREET ADDRESS 219-32 Beechnoll

e. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife Nellie Kapey

f. BIRTHPLACE (State or foreign country) Poland

g. KIND OF BUSINESS OR INDUSTRY Own Business

h. MOTHER'S MAIDEN NAME Paulina Samata

i. INFORMANT'S NAME Nellie Kapey

j. ADDRESS 41 E. 116th St. Little Neck

k. IS RESIDENCE ON FARM? YES NO

l. DATE OF DEATH (Month) December (Day) 22 (Year) 1962

m. IS RESIDENCE OF WHAT COUNTRY? U.S.A.

n. INTERVAL BETWEEN ONSET AND DEATH 7 years

o. WAS AUTOPSY PERFORMED? YES NO

19. I hereby certify that I attended the deceased from 12/22 to 12/22 1962 and that death occurred at 12 P.M. from the causes and on the date stated above.

20. SIGNATURE OF REGISTRAR Dr. William H. Ryan, Jr.

21. ADDRESS 157 West 116th St. New York, N.Y.

22. DATE SIGNED 12/22 1962

23. PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery, Flushing, N.Y.

24. NAME OF ESTABLISHMENT Doyle B. Shaffer, Inc.

25. DATE Dec 26 1962

I, WILLIAM H. RYAN, JR., Registrar of Vital Statistics in and for the Town of North Hempstead, Nassau County, New York, do hereby certify that the above is a true and exact transcript of a copy of a registered certificate of death of MICHAEL KAPEY, as contained in the Town Records. In Testimony Whereof, I have hereunto set my hand and affixed the official seal of the Town this 24 day of December 1962 at Manhasset, New York.

Registrar of Vital Statistics