

VITAL RECORDS CERTIFICATE

Yerks, Eleanor H. 55 ES

Certificate of Death

156-62-117618

FILED

Certificate No.

1962 AUG 21 PM 4:33 NAME OF DECEASED **ELEANOR YERKS**
Print or Typewrite First Name Middle Name 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 **Connecticut**
 (b) Co. **Fairfield** City **Greenwich**
 (c) Town
 (d) No. **8 Tremont Street** Ave. St.
 (e) Length of residence or stay in City of New York immediately prior to death **non-res**

16. PLACE OF DEATH:
 (a) NEW YORK CITY: (b) Borough **MANHATTAN**
 (c) Name of Hospital or Institution **NEUROLOGICAL INSTITUTE**
(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.

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

17. DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) M.
August 20, 1962

4. DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)
January 28th 1916

18. SEX **FEMALE** 19. Approximate Age **46 years**

5. AGE (yrs.) If under 1 year mos. days IF LESS than 1 day hrs. or min.
46

20. I HEREBY CERTIFY that, in accordance with the provisions of law, I took charge of the dead body at **OFFICE OF CHIEF MEDICAL EXAMINER 520 FIRST AVENUE, N. Y. 16, N. Y.**
 this **21** day of **August** 19 **62**

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. **Own Home**

I further certify from the investigation and post mortem examination (with) ~~(without)~~ autopsy that, in my opinion, death occurred on the date and at the hour stated above and resulted from ~~trauma~~ **fractured skull** (accident) ~~(trauma)~~ and that the causes of death were:

7. SOCIAL SECURITY NO.

PART I
 (a) Immediate Cause **(a) FRACTURED SKULL: CEREBRAL HEMORRHAGE AND LACERATION: OPERATED;**
 (b) and (c) Antecedent Causes with Primary Cause Stated Last **(b) History: Fell from horse, 8/14/62**
 (c)

8. BIRTHPLACE (State or Foreign Country) **New York**

Part II
 Contributory Causes

9. OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? **United States**

M. E. Case No. **6782.** Signed **Edward Santers, M.D.**
(Assistant) ~~Chief~~ Medical Examiner

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 **John Hone**

12. MAIDEN NAME OF MOTHER OF DECEDENT **Mary Buckley**

13. NAME OF INFORMANT **James L. Yerks Jr.** RELATIONSHIP TO DECEASED **Husband** ADDRESS **8 Tremont Street Greenwich, Connecticut**

14a. Name of Cemetery or Crematory **St. Mary's Cemetery** 14b. Location (City, Town or County and State) **Greenwich, Connecticut** 14c. Date of Burial or Cremation **August 23rd 1962**

15. FUNERAL DIRECTOR **New York Funeral Service Co, Inc** ADDRESS **148-150 East 74th Street, NYC, 21, NY**

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

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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