CONNECTICUT STATE DEPARTMENT OF HEALTH

Public Health Statistics Section-Hartford, Connecticut U.S.A.

1. Place of Darmis (a) Sale of Consecution (b) County Fairfield Stamford (c) Twen County Stamford (d) Stamford (Certificate of Death					
PERSONAL AND STATISTICAL PARTICULARS 5. SEX 6. RACE White White Whowes T RIVERANT Willows T RIVERANT Willows T RIVERANT Willows T RIVERANT Section 9. DATE OF Willows T Los Death Willows	(b) County Fairfield Stamford Fairfi (d) Name of Hospital or Institution (If not in a hospital or institution give Street No. or location) (b) County Fairfi (c) Street 1 (lf rural, 5		eld Stamford Number give location)		(d) Is Residence Inside a City or Borough Limits? Yes X No If Yes, name City or Borough Stamford	
PERSONAL AND STATISTICAL PARTICULARS 5. SEX F MEMBLE White White White White Whowse T Process Report And Colors Wide on Humand John S. Nestor 9. Days or Alwand Colors Beath August 10, 1968 10. Date or Birth August 10, 1968 11. Birthflace (City or town) 12. (a) Usual Occuration (Give kind of work done during most of (b) Housers of Business 13. (a) Usual Occuration (Give kind of work done during most of (b) Housers of Business 14. (a) Was Decessed a Veterany Yea or No (b) If yea, give war 15. (a) Was Decessed a Veterany Yea or No (City or town) 16. Birthflace (City or town) 17. Birthflace (City or town) 18. (City or town) 19. Business 10. Business 10. Business 11. In Name Good Color (City or town) 11. Birthflace (City or town) 12. (a) Was Decessed a Veterany Yea or No (b) If yea, give war 13. (a) Was Decessed a Veterany Yea or No (b) If yea, give war 14. Maner Malta Demakos— 15. (City or town) 16. Business 17. Maner Malta Demakos— 18. Informany S Anne 19. Business 10. Date or Birthflash 10. Date or Birthflash 11. Distillates 12. (a) Maner or Beauthers or Scane Reposites (b) Time or Injury 12. (a) Maner or Personal Details of Conne 13. In Name Good Color of Conne 14. Distillates 15. (City or town) 16. Business 16. Address Stamford, Conn. 17. Birthflash 18. Distillates 19. Business 19. Business 10. Name or Personal Details 10. Date or Scane or Personal Details 10. Date or Scane or North Country 11. Distillates 12. Candelly Supplied and Occurate or Scane or North Country 12. Scane or Personal Details 13. In Name Good or Licenage Business 14. Conditions, Individual Control of Conne 15. Business 16. Date or Business 17. Business 18. Distillates 18. Distillates 19. Date or Scane or Date of North Country 19. Business 19. Business 10. Date or Scane or North Country 19. Business 10. Date or Scane or North Country 10. Date or	DECEASED DOG TI	_	:		4. Secial Security Number 040-26-8169	
S. SEX Perma C. Marker Nover	DEBSONAL AND STATISTICAL DARRISH ADS				TION (Type or print)	
Due to (Day) (Year) Date of (Month) (Day) (Year) 10. Date of (Month) (Day) (1968) 10. Date of Berth August 10, 1968 11. Birtiplace (Gity or town) (State or foreign country) SCOUTA Sparta, Greece 12. (a) Usual Occupation (Give kind of work done during most of the working life even if retired) 13. (a) Usual Occupation (Give kind of work done during most of the working life even if retired) 13. (a) Was Deceased a Veterant Yes or No. No. (b) If yes, give wor Unit or Ship 14. (a) Was Deceased a Veterant Yes or No. No. (b) If yes, give wor Unit or Ship 15. (ii) Manne (City or town) (State or foreign country) 16. Manne (City or town) (State or foreign country) 17. Birtiplace Greece 18. Information of Condos Nephew 19. Burnial George Konjias 11. Information of Condos Nephew 19. Burnial George Konjias 11. Information of Condos Nephew 11. Birtiplace Greece 12. (a) Manne of Embalased Possible Aug. 13, 19 68 Conditions, if any, which gave rise to the part of the underly in Part I of town in the part of the part I of the method of the part I of the method of the deceased from Aug. (c) Interest now include the said to have congred on Aug. (d) Place or Injury of Country in Part I of the method in the part of the part of the method in the part of the method in the part of the p	Female White Widowed S. 17 Married, Widowed S. 17 Married, Widowed or Divorced, give Maiden Name	Divorces [IMMET	TATE CAUSE (a)	DETWEEN ONSET AND DEATH	
10. Date of Birtil Aug. 15, lost birthday) Ronths Days Hours Months Days Months Mont	John S. Nestor 9. Date of (Month) (Day)		Conditions,	Due to (b)	12 HRS.	
12. (a) USUAL OCCUPATION (Give kind of work done during most of Working life even if retired) CO-OWNEY OF CONEY ISLAND RESTAURANT (b) INDUSTRY OR BUSINESS 13. (a) WAS DECEASED A VETERANT Yes OF NO NO (b) If yes, give war Unit or Ship 14. NAME GEORGE Konjias (c) INJUST OCCUPATION TO (State or foreign country) 15. BIRTIPLACE Greece 16. NAME Malta Demakos- (City or town) (City or town) (State or foreign country) 18. INFORMANT'S NAME Speros Condos- Nephew 19. BURIAL GERMANDISH REMOMBA Date Aug. 13, 10.68 Cometery or Greece Woodland Cemetery Place Stamford, Conn. 20. NAME OF EMBALMER IF BOOY WAS EMBALMED License number John W. Murphy 12. Signature of License Pubalmer of License Fureral Disectors Address O41 Atlantic St. Stamford, Ct. THIS CERTIFICATE RECEMBER OR RECORD ON BY SAME CONTROL (State or foreign country) 21. Signature of License Pubalmer of License Fureral Disectors Address Stamford, Conn. BY Same Conn. BY Same Conn. BY Same Conn. BY Same Conn. Address Stamford, Conn. BY Same License Date Aug. 17. 10.68 BY Same License License Fureral Disectors Address Stamford, Conn. BY Same License License Fureral Disectors Address Stamford, Conn. BY Same License License Fureral Disectors BY Same License License License Fureral Disectors BY Same License License License Fureral Disectors BY Same License License License License License Record License License License Stamford, Conn. BY Same License	10. Date of Birth Aug. (in years lift under 1 year lift under 1 ye	f under 1 day fours Mins. reign country)	gave rise (above cause (a), stating the underlying cause last.	HRIERIO SELE DISEASE DUE TO (c) TENERALIZE	D ARTERIOSEKEROSIS	
(b) If yes, give war	12. (a) Usual Occupation (Give kind of work done during most of working life even if retired) Co-Owner of Coney Island Restauran (b) Industry or Business		TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE AUTOPSY PERFORMED? CHOKE LITHIASIS - Yes No (2) (a) Name of operation Yes No (2) (b) Date performed			
Second Commence Co	(b) If yes, give war			IDENT SUICIDE HOMICIDE	Hour Month. Day, Year	
Greece 18. Informant's Name Speros Condos- Nephew 19. Burial, Cremanical Present Place Cometery of Remands Date Aug. 13, 19 68 Cometery of Remands Date Woodland Cemetery Place Stamford, Conn. 20. Name of Embalmer if Body was Embalmed License number John W. Murphy 21. Signature of License Densalmer of License of License Puneral Director Cemetery Cemeters of Injury in Part I of Itom 22.) 19. Surial, Cemetery Cemeters of Injury in Part I of Itom 22.) 26. I HEREBY CERTIFY, that I attended the deceased from NoV; 19.5% to AUG. In 19.6% and that death is said to have occurred on Cemetery Cemetery Cemeters of Injury in Part I of Itom 22.) 27. Signature of Physician Cemetery Cemetery Cemeters of Injury in Part I of Itom 22.) 28. Injury Cemeter Cemeter Cemeters of Injury in Part I of Itom 22.) 29. Address Stamford Cemetery Cemeters of Injury in Part I of Itom 22.) 20. Injury Cemeter Cemeters of Injury in Part I of Itom 22.) 20. Injury Cemeter Cemeters of Injury in Part I of Itom 22.) 20. Injury Cemeter Cemeters of Injury in Part I of Itom 22.) 21. Signature of Physician Injury Cemeters of Itom 22. 22. Signature of Injury in Part I of Itom 22. 23. Signature of Inju	(City or town) (State or foreign country) 15. BIRTHPLACE Greece MAIDEN Malta Demakos		While at Not While Work NONE			
19. Burial, Gremation Date Aug. 13, 19 68 Cemetery of Gremation Woodland Cemetery Place Stamford, Conn. 20. Name of Embalmer if Body was Embalmed License number John W. Murphy 21. Signature of Licensed Embalmer of Licensed Funeral Director Besak Fun. Home Inc. Address 541 Atlantic St. Stamford, Ct. Address Stamford, Conn. By Loseve Aug. 1958, to Aug. 1968 that I last saw the deceased alive on Aug. 10 1968 and that death is said to have occurred on Aug. 10 1968 at 9:05 A m. Patrick A. Izzo M. D. 21. Broad St. Address Stamford, Conn. By Loseve Aug. 1958, to Aug. 1968 that I last saw the deceased alive on Aug. 10 1968 and that death is said to have occurred on Aug. 10 1968 Aug. 1958, to Aug. 10 1968 that I last saw the deceased alive on Aug. 10 1968 and that death is said to have occurred on Aug. 10 1968 Aug. 1958, to Aug. 10 1968 Aug. 10 196	(City or town) (State or foreign country) Grece 18. Informant's Name		(Enter nature of injury in Part I or Part II of itom 22.)			
20. NAME OF EMBALMER IF BODY WAS EMBALMED License number John W. Murphy 21. SIGNATURE OF LICENSED EMBALMER OF LICENSED FUNERAL DIRECTOR BESAK Fun. Home Inc. Address 541 Atlantic St. Stamford, Ct. Address Stamford, Conn. Date THIS CERTIFICATE RECEIVED FOR RECORD ON BY LOSSIC ATURE OF PHYSICIAN PARTICLE A. IZZO M.D. 27. SIGNATURE OF PHYSICIAN PARTICLE A. IZZO M.D. Patrick A. IZZO M.D. 8/11/68. Address Stamford, Conn. Date REGISTRAR RECEIVED FOR RECORD ON BY LOSSIC ATURE OF PHYSICIAN PARTICLE A. IZZO M.D. REGISTRAR REGISTRAR RECEIVED FOR RECORD ON BY LOSSIC ATURE OF PHYSICIAN PARTICLE A. IZZO M.D. REGISTRAR RECEIVED FOR RECORD ON BY LOSSIC ATURE OF PHYSICIAN PARTICLE A. IZZO M.D. REGISTRAR REGISTRAR RECEIVED FOR RECORD ON BY LOSSIC ATURE OF PHYSICIAN PARTICLE A. IZZO M.D. REGISTRAR RECEIVED FOR RECORD ON BY LOSSIC ATURE OF PHYSICIAN PARTICLE A. IZZO M.D. REGISTRAR RECEIVED FOR RECORD ON BY LOSSIC ATURE OF PHYSICIAN PARTICLE A. IZZO M.D. REGISTRAR RECEIVED FOR RECORD ON BY LOSSIC ATURE OF PHYSICIAN PARTICLE A. IZZO M.D. REGISTRAR RECEIVED FOR RECORD ON BY LOSSIC ATURE OF PHYSICIAN PARTICLE A. IZZO M.D. REGISTRAR RECEIVED FOR RECORD ON PARTICLE A. IZZO M.D. RECORD OF PHYSICIAN	10. Burial, Commander Remonate Date Aug. 13, 19 68 Cometery of Seminatory Woodland Cometery		NOV: 1958. to AUG. 10 1968 that I last saw the deceased alive on AUG. 10 1968			
Address 641 Atlantic St. Stamford, Ct. 21 Broad St. 8/11/68. Address Stamford, Conn. Date THIS CERTIFICATE RECEIVED FOR RECORD ON BY CLOSENCE THE SOLVE AND CONT. BY CLOSENCE AND CONT. THE SOLVE AND CONT. BY CLOSENCE AND CON	John W. Murphy 1674 21. SIGNATURE OF LICENSED EMBALMER OF LICENSED FUNERAL DIRECTOR		Patrick A. Izzo M.D. 9:05 Am.			
ODH VG.4	Address 641 Atlantic St. Stamf of THIS CERTIFICATE RECEIVED FOR RECORD ON AUG 12 1968	·	Address			

I hereby certify that the foregoing is a true copy of the record on file in the Office of Stamford Town Clerk, attested by the Raised Seal of the City of Stamford, CT.

Legal Fee: \$10.00

Assistant Registrar

THIS CERTIFICATE IS NOT VALID WITHOUT THE RAISED SEAL