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DATE FILED

NEW YORK CITY DEPARTMENT OF HEALTH

1999 MAY 28 A 12:58

CHANGES APPROVED BY COMM'R OF HEALTH... APR 13 2000 Deputy City Registrar P. MOLINA

CERTIFICATE OF DEATH

Certificate No. 156-99-026172

1. NAME OF DECEASED (Type or Print) ZBIGNIEW (First Name) SIEMASZKO (Middle Name) (Last Name)

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

2. PLACE OF DEATH	2. NEW YORK CITY 2a. BOROUGH	2b. Name of hospital or other facility (if not facility, street address)	2c. If in hospital or other facility	2d. If inpatient, date of current admission
	STATEN ISLAND	SI UNIVERSITY HOSPITAL	1 ☐ DOA 3 ☐ Outpatient 2 ☐ Emerg. 4 ☒ Inpatient	Month 5 Day 24 Year 99

3a. Date and Hour of Death (Month)	(Day)	(Year)	3b. HOUR	☐ AM ☒ PM	4. SEX	5. APPROXIMATE AGE
MAY	25	1999	3:15		MALE	41 YEARS

6. I HEREBY CERTIFY THAT: (Check One)

☐ I attended the deceased ☐ A staff physician of this institution attended the deceased

☒ Dr. LEE attended the deceased

from MAY 24 19 99 to MAY 25 19 99 and last saw h im alive at 3:05 P M

on MAY 25 19 99 . I further certify that traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. **See first instruction on reverse of certificate.**

Witness my hand this 25 day of MAY 19 99 Signature Daren A Alexander D.O. M.D.

Name of Physician DARREN A ALEXANDER (Type or Print) Address 375 SEGUINE AVENUE SINY 10309

License No.

PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)

7. Usual Residence a. State	7b. County	7c. City, Town, or Location	7d. Street & House No.	Zip	Apt. No.	7e. Inside City Limits of 7c
New York	Richmond	Staten Island	520 Powell St.	10314		☒ Yes ☐ No

8. Served in U.S. Armed Forces	9. Marital Status (Check One)	10. Name of Surviving Spouse (If wife, give maiden name)
No Yes Specify years 0 ☒ 1 ☐ From To	1 ☐ Never Married 2 ☐ Widowed 3 ☒ Married or separated 4 ☐ Divorced	ZOFIA MARIA TOMCZYK ~~Beata Lapinska~~

11. Date of birth (Month) (Day) (Year) of Decedent	12. Age at last birthday	If under 1 Year mos.	days	If less than 1 Day hours	mins.	13. Social Security No.
July 26, 1957	41					031-64-9108

14a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired)	14b. Kind of business or industry
self-employed	Roofine & Siding

15. Birthplace (City & State or Foreign Country)	16. Education (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)	17. Other name(s) by which decedent was known
Pila, Poland	12		

18. NAME OF FATHER OF DECEDENT	19. MAIDEN NAME OF MOTHER OF DECEDENT
Benedykt Siemaszko	Zofia Gawel

20a. NAME OF INFORMANT	20b. RELATIONSHIP TO DECEASED	20c. ADDRESS (CITY) (STATE) (ZIP)
Beata ~~Siemaszko~~ LAPINSKA	~~wife~~ COMPANION	520 Powell St., S.I., NY 10314

21a. NAME OF CEMETERY OR CREMATORY	21b. LOCATION (City, Town, State and Country)	21c. DATE OF BURIAL OR CREMATION
Resurrection Cemetery	Staten Island, NY	June 2, 1999

22a. FUNERAL ESTABLISHMENT	22b. ADDRESS
Casey-McCallum-Rice SS FH	30 Nelson Ave., S.I., NY 10308

VR15 (1/94) VITAL RECORDS 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. The Department of Health 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

STEPHEN P. SCHWARTZ
CITY REGISTRAR

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VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

DATE ISSUED MAY 09, 2000..

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