Certificate of Death

Certificate No. 156-57-205006

57 MAY 20 FI 12:59

1. NAME OF DECEASED (Print or Typewrite): William Joseph Deegan

First Name — Middle Name — Last Name

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State: New York

(b) Co. Bronx (c) Post Office and Zone: N.Y.C.

(d) No. 1608 Harding Park Ave. St. (If in rural area, give location)

(e) Length of residence or stay in City of New York immediately prior to death: Life

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

4 DATE OF BIRTH OF DECEDENT (Month) November (Day) 16 (Year) 1873

5 AGE: 83 yrs. — If under 1 year: mos. / days — If LESS than 1 day: hrs. or / min.

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

7 SOCIAL SECURITY NO. 082-01-8823

8 BIRTHPLACE (State or Foreign Country): Bronx N.Y. City

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

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: Patrick

12 MAIDEN NAME OF MOTHER OF DECEDENT: Mary Moran

13 NAME OF INFORMANT: Beatrice Deegan — RELATIONSHIP TO DECEASED: Wife — ADDRESS: 1608 Harding Park.

14a. Name of Cemetery or Crematory: St. Raymonds Cem. — **14b. Location** (City, Town or County and State): Bronx New York — **14c. Date of Burial or Cremation:** May 21, 1957

21 FUNERAL DIRECTOR: Walter B Cooke Inc. — ADDRESS: 2135 Whitestone Ave — PERMIT NUMBER:

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

15 PLACE OF DEATH:

(a) NEW YORK CITY: (b) Borough: Bronx

(c) Name of Hospital or Institution: 1608 Harding PK (If not in hospital or institution, give street and number.)

(d) If in hospital, give Ward No.

16 DATE AND HOUR OF DEATH (Month) 5 (Day) 17 (Year) 57 (Hour) 3 P.M.

17 SEX: Male — **COLOR OR RACE:** White — **19 Approximate Age:** 83

20 I HEREBY CERTIFY that (I attended the deceased) (a staff physician of this institution attended the deceased)

from Apr. 25 1957, to May 17 1957,

and last saw him alive at 2 P.M on May 16 1957

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.

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

Witness my hand this 17 day of May 1957

Signature: James B Flynn M.D.

Address: 1859 Patterson Av

BUREAU OF RECORDS AND STATISTICS — **DEPARTMENT OF HEALTH** — **CITY OF NEW YORK**