

# Certificate of Death

Certificate No. 113868

DEPARTMENT OF HEALTH  
 FILED  
 JUN 23 11 31 53

1. NAME OF DECEASED Andrew Dunning  
(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 NEW YORK  
 (b) Co. NEW YORK (c) Post Office 21 and Zone  
 (d) No. 241 EAST 73<sup>rd</sup> ST Ave. St.  
(If in rural area, give location)  
 (e) Length of residence or stay in City of New York immediately prior to death LIFE

15 PLACE OF DEATH:  
 (a) NEW YORK CITY: (b) Borough Manhattan  
 (c) Name of Hospital or Institution Metropolitan  
(If not in hospital or institution, give street and number.)  
 (d) If in hospital, give Ward No. G.

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

16 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)  
6- 21 - 52 1:P.M.

4 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)  
AUGUST 12 1971

17 SEX Male 18 COLOR OR RACE White 19 Approximate Age 78

5 AGE 80 yrs. If under 1 year If LESS than 1 day,  
 mos. days hrs. or min.

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

Occupation  
 a. Usual Occupation (Kind of work done during most of working life, even if retired) TEA AND COFFEE BUSINESS  
 b. Kind of Business or Industry in which this work was done SELF

from 6/4/1952, to 6/21/1952,  
 and last saw him alive at 1 P.M. on 6/21/1952

7 SOCIAL SECURITY NO. NONE

I further certify that death <sup>was not</sup> 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.

8 BIRTHPLACE (State or Foreign Country) U.S. N.Y.

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

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? U.S.

10a. WAS DECEASED EVER IN UNITED STATES ARMED FORCES? NO 10b. IF YES, Give war or dates of service

Witness my hand this 21 day of June 1952

11 NAME OF FATHER OF DECEDENT MICHAEL DUNNING

Signature [Signature] M. D.

12 MAIDEN NAME OF MOTHER OF DECEDENT BRIDGET McNAMARA

Address Metropolitan Hospital

13 NAME OF INFORMANT Lincoln Dunning

RELATIONSHIP TO DECEASED brother ADDRESS 241 E. 73<sup>rd</sup> St

14a. Name of Cemetery or Crematory Cathary Cemetery

14b. Location (City, Town or County and State) N.Y. City Queens N.Y. 14c. Date of Burial or Cremation June 24, 1952

21 FUNERAL DIRECTOR Joseph J. [Signature]

ADDRESS 306 E. 72<sup>nd</sup> St. PERMIT NUMBER 2261