

Dist. No. 2908

OFFICE OF VITAL RECORDS

CERTIFICATE OF DEATH

Registered No. 463

To be inserted by registrar

1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY Nassau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE New York	
b. TOWN North Hempstead		b. COUNTY Nassau c. TOWN North Hempstead	
c. CITY OR VILLAGE Mineola 2951		d. CITY OR VILLAGE New Hyde Park <small>Is residence within its corporate limits?</small> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Nassau Hospital		e. STREET ADDRESS 39 Kingston Street f. IS RESIDENCE ON FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Samuel Walter Zoldak		4. DATE OF DEATH (Month) (Day) (Year) August 25 1966	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single	8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife single
9. DATE OF BIRTH Dec 8, 1918	10. AGE (In years) (If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 47 Months Days Hours Min.	11. BIRTHPLACE (State or foreign country) Brooklyn, N.Y.	12. CITIZEN OF WHAT COUNTRY United States
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ticket Agent		13b. KIND OF BUSINESS OR INDUSTRY New York State Racing Assn	
14. FATHER'S NAME John Zoldak		15. MOTHER'S MAIDEN NAME Helen Patuk	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No If yes, give war or dates of service.		17. SOCIAL SECURITY NO. 101-03-6425	
18. INFORMANT'S NAME Helen Goetz, Mother		ADDRESS New Hyde Park, Mother	

19. CAUSE OF DEATH (Enter only one cause on a line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolus Conditions, if any, which gave rise to above immediate cause (a), stating the underlying cause last. DUE TO (b) Cancer of lung DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(a)		20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19.) 165
21c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		NY STATE DEPT. OF HEALTH VR FILE SEP 14 1966
21d. INJURY OCCURRED While at <input type="checkbox"/> Not While at Work <input type="checkbox"/>	21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21f. WHERE DID INJURY OCCUR City or town
22 I hereby certify that I attended the deceased from June 1966 to August 1966 , that I last saw the deceased alive on 8/25 , 1966, and that death occurred at 2:20 AM, 8/25 , from the causes and on the date stated above.		23c. DATE SIGNED 8/25 1966
23a. SIGNATURE S. Milzoff	23b. ADDRESS (Degree or title) N.D. 49 WILSON ST. N 14 PARK N.Y.	

24a. PLACE OF BURIAL, CREMATION OR REMOVAL Holy Road Cemetery		24b. LOCATION (CITY, TOWN, OR COUNTY AND STATE) Westbury, L.I. N.Y.		24c. DATE OF BURIAL OR CREMATION August 27, 1966	
25a. SIGNATURE OF UNDERTAKER [Signature]		REGISTRATION NO. L04171		25b. ADDRESS OF UNDERTAKER 506 Lakeville Rd, New Hyde Park, N.Y.	
25c. NAME OF ESTABLISHMENT New Hyde Park Funeral Home, Inc		REGISTRATION NO. K1876		26a. DATE FILED BY LOCAL REG AUG 25 1966	
				26b. SIGNATURE OF REGISTRAR Doris R. Keast	

Burial or Transf. Permit Issued by **Doris R. Keast, Dep. Registrar** Date of Issue **8/25/66**