

OFFICE OF VITAL STATISTICS

92038746

GENUINE COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL OFFICE Office of Vital Statistics, Miami, Fla.		NAME Klein		SEX Male	
Date of Death (Month, Day, Year) December 22, 1980		SOCIAL SECURITY NUMBER 808-09-8259		AGE (at Death) 71	
Date of Birth (Month, Day, Year) March 20, 1910		Place of Birth (City, State or Foreign Country) Gary, Indiana		<input type="checkbox"/> WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) <input type="checkbox"/> INSIDE CITY LIMITS? (Yes or No) <input checked="" type="checkbox"/> Yes	
Place of Death (Hospital, Home, etc.) North Ridge Hospital		CITY, TOWN, OR LOCATION OF DEATH Oakland Park		COUNTY OF DEATH Broward	
Occupation Electrical Supervisor		MARRIAGE STATUS Married		SURVIVING SPOUSE (If wife, give maiden name) Bertha Gleicher	
Residence (City, State) Florida, Broward		Address and Number 2424 North Atlantic Blvd		<input type="checkbox"/> RACE - American Indian, Alaska Natives, etc. <input checked="" type="checkbox"/> White	
<input type="checkbox"/> DECEASED IN FLORIDA OR HAD FLORIDA ORIGIN <input checked="" type="checkbox"/> DECEASED IN FLORIDA BUT HAD FOREIGN ORIGIN <input type="checkbox"/> DECEASED IN FLORIDA BUT HAD FLORIDA ORIGIN		<input type="checkbox"/> PLACE - American Indian, Alaska Natives, etc. <input checked="" type="checkbox"/> White		<input type="checkbox"/> DECEASED'S EDUCATION (Specify only highest grade completed) <input type="checkbox"/> High School <input checked="" type="checkbox"/> 12 <input type="checkbox"/> College <input type="checkbox"/> 2	
MOTHER'S NAME (Full Name) Bessie Rosen		<input type="checkbox"/> MOTHER'S NAME (Full Name) Bessie Rosen		<input type="checkbox"/> MOTHER'S NAME (Full Name) Bessie Rosen	



Place of Disposition (Name, Address, City or Town, State) St. David Memorial Gardens, North Lauderdale, Florida		<input type="checkbox"/> HOUR OF DEATH <input type="checkbox"/> TIME OF DEATH (Hour, Minute)	
<input type="checkbox"/> LOCAL REGISTRAR - SIGNATURE <input type="checkbox"/> DATE REGISTERED JAN 8 1981		<input type="checkbox"/> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 16 Hours	
<input type="checkbox"/> WAS AN AUTOPSY PERFORMED (Yes or No) No		<input type="checkbox"/> CASE REPORTED TO MEDICAL EXAMINER (Yes or No) No	
<input type="checkbox"/> DATE OF INJURY (Month, Day, Year) 11-25-80		<input type="checkbox"/> INJURY AT WORK (Type of Job) N	
<input type="checkbox"/> PLACE OF INJURY (Home, etc.) Home		<input type="checkbox"/> LOCATION (Street and Address, or Rural Route, or Town, State) 2424 North Atlantic Highway, Fort Lauderdale, Florida	

Signature: *[Handwritten Signature]*
 Title: *[Handwritten Title]*
 Date: *[Handwritten Date]*
 Signature: *[Handwritten Signature]*
 Title: *[Handwritten Title]*
 Date: *[Handwritten Date]*

Mary Rd. Cas 1st Sub
 11-25-80
 JAN 10 1981 # 44-65-25
 THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
 Dora Owens, Chief Deputy Registrar
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 CERTIFICATION OF VITAL RECORD
 HRS
 DEPARTMENT OF HEALTH AND HUMAN SERVICES