

OFFICE OF VITAL STATISTICS

92036377

CERTIFIED COPY

CERTIFICATE OF DEATH FLORIDA

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last) Harry Klein 2. SEX Male

3. DATE OF DEATH (Month, Day, Year) December 22, 1989 4. SOCIAL SECURITY NUMBER 306-09-9259 5a. AGE - Last Birthday (years) 71 5b. UNDER 1 YEAR - Months 5c. UNDER 1 DAY - Hours 5d. UNDER 1 DAY - Minutes

6. DATE OF BIRTH (Month, Day, Year) March 20, 1918 7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) NO

9a. PLACE OF DEATH (Check only one; see instructions on other side) 9b. INSIDE CITY LIMITS? (Yes or No) Yes

HOSPITAL: Outpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify) 10. FACILITY NAME (If not institution, give street and number) North Ridge Hospital 11. CITY, TOWN, OR LOCATION OF DEATH Oakland Park 12. COUNTY OF DEATH Broward

10a. DECEDENT'S USUAL OCCUPATION Electrical Supervisor 10b. KIND OF BUSINESS/INDUSTRY Steel Company 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married 12. SURVIVING SPOUSE (If wife, give maiden name) Bertha Gleicher

13a. RESIDENCE - STATE Florida 13b. COUNTY Broward 13c. CITY, TOWN, OR LOCATION Fort Lauderdale 13d. STREET AND NUMBER 2424 North Atlantic Blvd

13e. INSIDE CITY LIMITS? (Yes or No) Yes 13f. ZIP CODE 33305 14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) () No () Yes NO 15. RACE - American Indian, Black, White, etc. Specify. White 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2

17. FATHER'S NAME (First, Middle, Last) Max Klein 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie Rosen

19a. INFORMANT'S NAME (Type/Print) Bertha Klein 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2424 North Atlantic Blvd Fort Lauderdale, Florida 33305

20a. METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Star of David Memorial Gardens 20c. LOCATION - City or Town, State North Lauderdale, Florida

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH [Signature] 21b. LICENSE NUMBER 2885 21c. NAME AND ADDRESS OF FACILITY David Memorial Chapel 7701 Bailey Road North Lauderdale, Florida

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) [Signature] 22b. DATE SIGNED (Mo., Day, Year) 1/1/89 22c. HOUR OF DEATH 9:45 PM 23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) [Signature] 23b. DATE SIGNED (Mo., Day, Year) 1/1/89 23c. HOUR OF DEATH

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) William Rymer MD 5700 North Federal Highway Fort Lauderdale, Florida

25a. SUBREGISTRAR - SIGNATURE AND DATE [Signature] 1/1/89 25b. LOCAL REGISTRAR - SIGNATURE [Signature] 25c. DATE REGISTERED JAN - 8 1989

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Multiple Myeloma DUE TO (OR AS A CONSEQUENCE OF): MAY 29 1992 Anna N. Anton SUPERIOR LAKE COUNTY

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes Mellitus 27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No 27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) No 28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No

29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO 30a. IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED. 30b. DATE OF SURGERY (Mo., Day, Year)

31. PROBABLE MANNER OF DEATH (Specify Accident, suicide or homicide, or undetermined) Natural 32a. DATE OF INJURY (Month, Day, Year) 32b. TIME OF INJURY M 32c. INJURY AT WORK? (Yes or No) 32d. DESCRIBE HOW INJURY OCCURRED 32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) 32f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

JAN 10 1990

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: Dora Owens, Chief Deputy, PALMER H. BOORDE, State Registrar

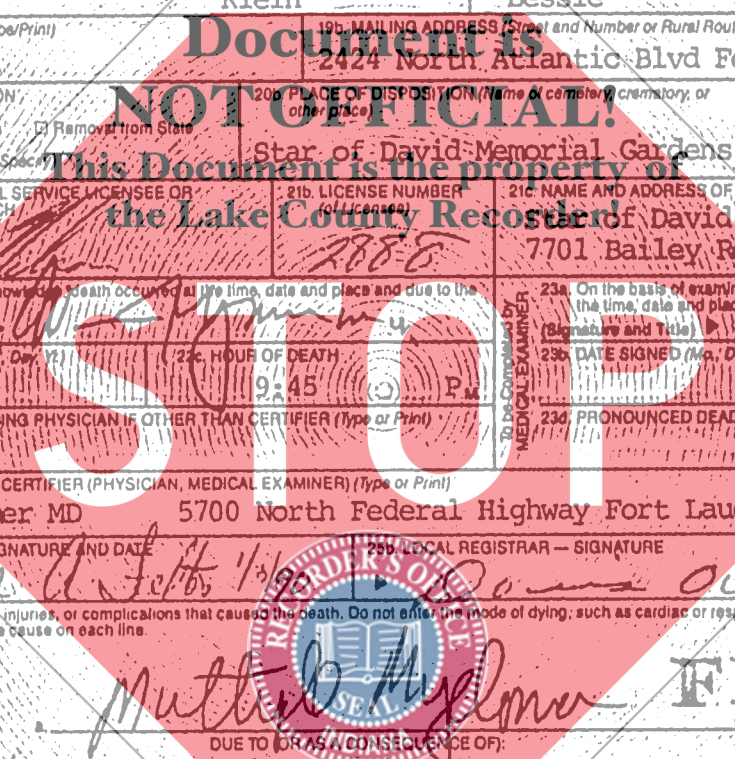
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HRS FORM 1564A (8-88)

CERTIFICATION OF VITAL RECORD



44-3167-9-16-1989 Gary... 9-20-1989



FILED

MAY 29 1992

Anna N. Anton

STATE OF FLORIDA DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES FILED FOR RECORD JAN 5 12 53 PM 1990

