

New York State Department of Health
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

39656
1164
Registered No.

Dist. No. 101
To be inserted by registrar

1 PLACE OF DEATH, STATE OF NEW YORK

County Albany
Village Albany Ward 116
City Albany
No. Memorial Hospital
(If a hospital or institution give its NAME instead of street and number)

Length of stay:
In hospital or institution yrs. mos. days
In town, village or city yrs. mos. days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission.)

State New York
County Albany
Town Albany
Village or City Albany
No. 121 Orange St. St.
Is residence within limits of city or incorporated village?

2a Citizen of foreign country (alien)? (Yes or no)
If yes, name country

3 Full Name (Print) Mary Gentile

4 (a) Social Security No. (b) If Veteran, Name War

5 Sex F 6 COLOR OR RACE W 7 Single, Married, Widowed, or Divorced (Write the word) Married

8 IF MARRIED, WIDOWED OR DIVORCED, Age if alive Name of Husband (or) Wife Admiral Gentile years

9 DATE OF BIRTH (month, day, year) April 19, 1891
10 AGE Years Months Days 56 6 14 If less than 1 day, hr. min.

11 Usual occupation of 6 Ounce Stage

12 Industry or business

13 BIRTHPLACE (City or Town) (State or Country) Poland

14 NAME John S. Polanski

15 BIRTHPLACE (City or Town) (State or Country) Poland

16 MAIDEN NAME Wojcik

17 BIRTHPLACE (City or Town) (State or Country) Poland

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWING. Informant's own signature Mary Gentile Address 121 Orange St.

19 PLACE OF BURIAL, CREMATION OR REBURYAL DATE OF BURIAL St. Mary's Hosp. July 14, 1948

20 IDENTIFICATION OR PERSON ON COASTAL (Signature) Mary Gentile

ADDRESS Albany 21 DECEASED'S license No. 2121

22 Date received 7/12 23 Signature of Registrar or Subregistrar Charles Kweller

24 Date of issue 7/12/48 25 Signature of Registrar or Subregistrar Charles Kweller

MEDICAL CERTIFICATION

22 DATE OF DEATH (Month, Day and Year) July 9, 1948

23 I HEREBY CERTIFY, That I attended deceased from April, 1948, to July 9, 1948
I last saw her alive on July 8, 1948

To the best of my knowledge, death occurred on the date stated above, at 2:45 A.M.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to 934

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major Surgical Operations 831

Of autopsy 831

What laboratory test was made?

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence FOR GENEALOGICAL RESEARCH ONLY

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

25 Signature Mary Gentile M. D. Address 156 State Street Date 7-10-48

DURATION OF CONDITION		
Yrs.	Wks.	Days
		1
	3	
		3