

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DIVISION OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF BROOKLYN
FILED

Certificate of Death 156-62-118960

Certificate No. _____

SEP 10 AM 9 17

1. NAME OF DECEASED
(Print or Type) LEBOVICS

First Name

Middle Name

Last Name

PERSONAL PARTICULARS (To be filled in by Funeral Director)

2. USUAL RESIDENCE: (a) State new York

(b) Co. Kings (c) City or Town Brooklyn

(d) No. 162 So 8th Ave. St.

(e) Length of residence or stay in City of New York immediately prior to death 40 yrs

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

4. DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)

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

6. a. Usual Occupation (Kind of work done during most of working life, even if retired). Rabbi
b. Kind of Business or Industry in which this work was done.

7. SOCIAL SECURITY NO.

8. BIRTHPLACE (State or Foreign Country) Chechoslovakia

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.

11. NAME OF FATHER OF DECEDENT Jacob

12. MAIDEN NAME OF MOTHER OF DECEDENT The Weber

13. NAME OF INFORMANT Shulamit Goldberger RELATIONSHIP TO DECEASED Daughter

14a. Name of Cemetery or Crematory Beth Israel Cem 14b. Location (City, Town or County and State) new jersey

15. FUNERAL DIRECTOR SHERMAN'S FLATBUSH MEMORIAL CHAPEL, INC. ADDRESS 1283 CONEY ISLAND AVE. BROOKLYN 30, N. Y.

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

16. PLACE OF DEATH: (a) NEW YORK CITY: (b) Borough MAN
(c) Name of Hospital or Institution 203 E 96th ST N.Y.C.
(If not in hospital or institution, give street and number)
(d) If elsewhere than in hospital or own residence, specify character of place of death, as hotel, office, store, street, taxicab, etc.

17. DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour)
SEPT. 9 1962 P.M.

18. SEX male 19. Approximate Age 70 yrs

20. I HEREBY CERTIFY that, in accordance with the provisions of law, I took charge of the dead body at 203 E 96th ST N.Y.C.

this 9th day of SEPT 1962

I further certify from the investigation and post mortem examination (with) (without) autopsy that, in my opinion, death occurred on the date and at the hour stated above and resulted from (natural causes) (accident) (suicide) (homicide) (undetermined circumstances pending further investigation), and that the causes of death were:

PART I
(a) Immediate Cause (a) OCCLUSIVE CORONARY
(b) and (c) due to
(b) ARTERIO SCLEROSIS
(c) due to

Part II
Contributory Causes

M. E. Case No. 7329 Signed David M. Rosen M.D.
(Assistant) (Deputy Chief) (Chief) Medical Examiner

BUREAU OF RECORDS AND STATISTICS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

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October 5, 2026

Gretchen Van Wye
Gretchen Van Wye, PhD, City Registrar

1340001615008



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE