

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
 8/11/2005 12:30:17 PM

CERTIFICATE OF DEATH

Certificate No. **156-05-035088**

**1. DECEDENT'S
LEGAL NAME**

REGINA

LAZEROWITZ

MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	Place of Death	2a. New York City 2b. Borough Brooklyn	2c. Type of Place 1 ☒ Hospital Inpatient 2 ☐ Emergency Dept./Outpatient 3 ☐ Dead on Arrival	4 ☐ Nursing Home/Long Term Care Facility 5 ☐ Hospice Facility 6 ☐ Decedent's Residence 7 ☐ Other Specify	2d. Name of hospital or other facility (if not facility, street address) MAIMONIDES MEDICAL CENTER			
	Date and Time of Death	3a. (Month) AUGUST	(Day) 11	(Year-YYYY) 2005	3b. Time 9:15	4. Sex FEMALE	5. Date last attended by a Physician mm dd yyyy 08 11 2005	
	6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See instructions on reverse of certificate.							
	Name of Physician ROBERT H. SCHULMAN				Signature <i>Robert H. Schulman</i>			
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)	Address 4802 10th AVE, Bklyn NY 11219		License No. 108841		Date 8/11/05			
	7a. Usual Residence State NY	7b. County KINGS	7c. City or Town Brooklyn	7d. Street and Number 1637 42nd Street		Apt. No. 12A	ZIP Code 11204	7e. Inside City Limits? ☒ Yes ☐ No
	8. Date of Birth (Month) (Day) (Year-YYYY) JANUARY 12 - 1912		9. Age at last birthday (years) 93		10. Social Security No. 270 38 1702			
	11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Housewife		11b. Kind of business or industry OWN HOME		12. Aliases or AKAs			
	13. Birthplace (City & State or Foreign Country) Poland		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 ☐ 8th grade or less; none 2 ☐ 9th - 12th grade; no diploma 3 ☐ High school graduate or GED 4 ☐ Some college credit, but no degree 5 ☐ Associate degree (e.g., AA, AS) 6 ☐ Bachelor's degree (e.g., BA, AB, BS) 7 ☐ Master's degree (e.g., MA, MS, MENG, MED, MSW, MBA) 8 ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLBS, JD)					
	15. Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No		16. Marital Status at Time of Death 1 ☐ Married 3 ☐ Married, but separated 5 ☐ Widowed 2 ☐ Divorced 4 ☐ Never married 6 ☒ Unknown		17. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last)			
	18. Father's Name (First, Middle, Last) Jacob Olshefski				19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Chaya			
	20a. Informant's Name Helen F. Moskowitz		20b. Relationship to Decedent Daughter		20c. Address (Street and Number) Apt. No. City & State ZIP Code 1637 42nd Street, NY 11204			
	21a. Method of Disposition 1 ☒ Burial 2 ☐ Cremation 3 ☐ Entombment 4 ☐ City Cemetery 5 ☐ Other Specify				21b. Place of Disposition (Name of cemetery, crematory, other place) Willwood			
	21c. Location of Disposition (City & State or Foreign Country) Queens NY				21d. Date of Disposition mm dd yyyy 08-11-2005			
22a. Funeral Establishment Norman L. Sykes Community Church Inc				22b. Address (Street and Number) City & State ZIP Code 400 FT Hamilton Park Bklyn NY 11241				

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

