

CERTIFICATE OF DEATH 156-92-036568

110

Certificate No. _____

92 JUL -9 PM 12:00

1. NAME OF DECEASED Malcolm Michaels
 (Type or Print) (First Name) (Middle Name) (Last Name)

DATE FILED

OFFICE OF CHIEF MEDICAL EXAMINER
 320 FIRST AVENUE NY 10017 NY

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

2. PLACE OF DEATH: NEW YORK CITY 2a. BOROUGH MANhattan
 2b. Name of hospital or other facility if not facility, street address Hudson River
 2c. If in Hospital or Other Facility (Check)
 1 DOA 3 Outpatient
 2 Emerg 4 Inpatient
 2d. If Inpatient, date of current admission
 Month Day Year
 3. DATE AND HOUR OF DEATH OR FOUND DEAD: 3a. (Month) (Day) (Year) July 6, 1992 3b. HOUR 5:23
 4. SEX MAle 5. APPROXIMATE AGE 46 Years

6. DEATH WAS CAUSED BY: Enter only one cause per line
 PART 1 a. Immediate cause Drowning
 b. Due to or as a consequence of
 c. Due to or as a consequence of
 PART 2 d. Other significant conditions contributing to death but not resulting in the underlying cause given in part 1

7a. INJURY DATE OF INJURY (Month) (Day) (Year) 7-6-92 7b. TIME Unk
 AM PM
 7c. AT WORK YES NO
 7d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) hudson river
 7e. LOCATION Pier between Christopher and West Street 7f. HOW INJURY OCCURRED Suicide
 8. Manner of Death (Check all that apply)
 Pending Natural Accident Suicide
 Investigation (P/FM) Toxicology Further Study Homicide Undetermined
 9. Autopsy Yes No Autopsy Pursuant to Law No Autopsy
 10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated:
 CERTIFIER SIGNATURE: Zoya Shmutter M.D.
 DATE: July 7, 1992

11. M.E. Case No. M92-5002 12a. Date Pronounced Dead (Month, Day, Year) (if different from 3a)
 12b. TIME AM PM
 CERTIFIER NAME (Print) Zoya Shmutter (Medical Examiner)

PERSONAL PARTICULARS (To be filled in by Funeral Director)

13. Usual Residence a. State NJ 13b. County Hudson 13c. City, Town, or Location Hoboken 13d. Street & House No. [Redacted] Zip Apt. No. 13e. Inside City Limits of 7c Yes No
 14. Served in U.S. Armed Forces No Yes Specify years From To 15. Marital Status (Check One) Never Married Widowed Married or separated Divorced 16. Name of Surviving Spouse (If wife, give maiden name)
 17. Date of birth (Month) (Day) (Year) of Decedent August 28 1945 18. Age at last birthday 46 If under 1 Year If less than 1 Day 19. Social Security No.
 mos. days hours min.
 20a. Usual Occupation (Kind of work done during most of working lifetime, do not enter retired) Disabled 20b. Kind of Business
 21. Birthplace (City & State or Foreign Country) Elizabeth, NJ 22. Education (Check only one) 0-11 12 13-15 16 17+ 1 2 3 4 5 23. Other name(s) by which decedent was known Malcolm Michaels, Jr.
 24. NAME OF FATHER OF DECEDENT [Redacted] 25. MAIDEN NAME OF MOTHER OF DECEDENT [Redacted]
 26a. NAME OF INFORMANT [Redacted] 26b. RELATIONSHIP TO DECEASED Sister 26c. ADDRESS (City) (State) (Zip) [Redacted]
 27a. NAME OF CEMETERY OR CREMATORY Rosehill Crematory 27b. LOCATION (City, Town, State and Country) Linden, NJ 27c. DATE OF BURIAL OR CREMATION July 9, 1992
 28a. FUNERAL DIRECTOR Redden FH, Inc. 28b. ADDRESS [Redacted]

VR16 (1/88) BUREAU OF VITAL RECORDS 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. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

DEATH TRANSCRIPT

Earlene Price
 EARLENE PRICE
 CITY REGISTRAR



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VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

DATE ISSUED

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JUL 9 1992

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