

CITY OF NEW YORK

BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

Date

MAR 19 1975

## CERTIFICATE OF DEATH

156-75-303703

Certificate No.

FILED

1. NAME OF DECEASED  
(Type or Print)

Charles

CALANO

First Name

Middle Name

Last Name

5-11-74

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

PLACE OF DEATH

NEW YORK CITY

b. Name of Hospital or Institution. If not in hospital, street address

a. Borough of

Brooklyn

2145

E. 74th St

DATE AND HOUR OF DEATH

(Month)

3

(Day)

2

(Year)

75

3b. Hour

12:40

AM

PM

4. SEX

MALE

5. APPROXIMATE AGE

82

I HEREBY CERTIFY that, in accordance with the provisions of law, I took charge of the dead body

at

2145 E. 74th St

on

2

day of

March 1975

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 place stated above and resulted from (natural causes) (accidental) (suicide) (homicide) (undetermined circumstances pending further investigation,) and that the causes of death were:

PART 1

a. Immediate cause

occlusion coronary artery DIVIAN

b. Due to or as a consequence of

c. Due to or as a consequence of

PART 2

Contributory causes

M.E. Case No.

1703

Signed

Joseph P. Thru

M.D.

PERSONAL PARTICULARS (To be filled in by Funeral Director)

USUAL RESIDENCE

a. State

New York

b. County

Kings

c. City or Town

Brooklyn, N.Y.

d. Inside city limits of "7c"

Yes

No

e. Street and house number

2145 East 74th Street

f. Apt.

g. Length of residence or stay in City of New York immediately prior to death.

Life

9. SINGLE, MARRIED, WIDOWED or DIVORCED (Write in word)

Married

9. NAME OF SURVIVING SPOUSE (If wife, give maiden name)

Jennie Montalto

10. DATE OF BIRTH OF DECEDENT

(Month)

(Day)

(Year)

November

29,

1892

11. AGE at last birthday

82

Yrs

If under year

mos.

days

If LESS than 1 day

hrs or min.

12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)

Maintenance Man

13. SOCIAL SECURITY NO.

103-01-1797A

14. BIRTHPLACE (State or Foreign Country)

New York

15. OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH.

U. S. A.

16. ANY OTHER NAME(S) BY WHICH DECEDENT WAS KNOWN

Charles Garagliano

17. NAME OF FATHER OF DECEDENT

Gaetano Garagliano

18. MAIDEN NAME OF MOTHER OF DECEDENT

Anna Foti

19. NAME OF INFORMANT

Jennie Calano

20. RELATIONSHIP TO DECEASED

wife

21. ADDRESS

2145 E. 74th St., B'klyn

22. NAME OF CEMETERY OR CREMATORY

Green-Wood Cemetery

23. LOCATION (City, Town or State &amp; Country)

Brooklyn, N.Y.

24. DATE of Burial or Cremation

March 5, 1975

25. FUNERAL DIRECTOR

Howard Funeral Home Inc.

26. ADDRESS

6-11 Ave. N, B'klyn, N.Y. 11234

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 in my custody.

Joseph P. Thru  
CITY REGISTRAR

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.

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