

## OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

OCAL FILE NO.			1. DECEDENT'S NAME			2. SEX			
			FIRST MIDDLE LAST			Female			
3. DATE OF DEATH (Month, Day, Year)			4. SOCIAL SECURITY NUMBER			5a. AGE - Last Birthday (years)		5b. UNDER 1 YEAR	5c. UNDER 1 Day
November 17, 1994			001-52-2286			99		Months Days	Hours Minutes
6. DATE OF BIRTH (Month, Day, Year)			7. BIRTHPLACE (City and State or Foreign Country)			8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)			
May 6, 1895			Canada			No			
9a. PLACE OF DEATH (Check only one: see instructions on other side)						9b. INSIDE CITY LIMITS? (Yes or No)			
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						yes			
9c. FACILITY NAME (If not institution, give street and number)					9d. CITY, TOWN, OR LOCATION OF DEATH		9e. COUNTY OF DEATH		
The Abbey Nursing Center					St. Petersburg		Pinellas		
10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)		12. SURVIVING SPOUSE (If wife, give maiden name)			
Owner Operator		Sausage Company		Widow					
13a. RESIDENCE — STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND NUMBER			
Florida		Pinellas		St. Petersburg		801 83rd Avenue North #117			
13e. INSIDE CITY LIMITS? (Yes or No)		13f. ZIP CODE		14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE — American Indian, Black, White, etc Specify.		16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
yes		33702		Specify:		White		Elementary/Secondary (0 - 12) 8 College (1 - 4 or 5 + )	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME (First, Middle, Maiden Surname)				
Jean Baptiste					Fidoline Desmaris				
19a. INFORMANT'S NAME (Type/Print)					19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
Yvette Baker					801 83rd Avenue North #117 St. Petersburg, FL 33702				
20a. METHOD OF DISPOSITION			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)			20c. LOCATION — City or Town, State			
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			St. Louis de Gonzague Cemetery			Nashua, New Hampshire			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH			21b. LICENSE NUMBER (of Licensee)		21c. NAME AND ADDRESS OF FACILITY				
			1419		E. James Reese Funeral Home, PA 6767 Seminole Blvd. Seminole, FL 34642				
To be Completed by CERTIFYING PHYSICIAN Only	22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated.				23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.				
	(Signature and Title)  , M.D.				(Signature and Title)				
	22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		23b. DATE SIGNED (Mo., Day, Yr.)			23c. HOUR OF DEATH	
Nov. 17, 1994		12:03 A M							
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					23d. MEDICAL EXAMINER'S CASE #				
24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)									
KIRIT PATEL M.D. 5130 66th St. North, Unit #1 Pinellas Park, FL 34665									
25a. SUBREGISTRAR — SIGNATURE AND DATE					25b. LOCAL REGISTRAR — SIGNATURE			25c. DATE REGISTERED	
Sub: Nov. 17, 1994								Nov. 18, 1994	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Chief Deputy Registrar, Pinellas County

State Registrar

issued: Nov. 18, 1994

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HRS FORM 1564 (6-93)

