

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF QUEENS

Soc. Sec. NONE

CERTIFICATE OF DEATH

8630

DEC 1 PM 1 04

1 PLACE OF DEATH: BOROUGH OF Queens

CERTIFICATE NO. 19903

No. 21-59-36

Character of premises,
whether tenement,
private, hotel, etc.

Government

2 FULL NAME (PRINT) IDA

First Name

Middle Name

Last Name

KLIMPL

3 Residence (usual place of abode)

(If nonresident, give place and State)

No. 21-59-36

St.

Borough of Queens

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Female 5 COLOR OR RACE white 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

7 DATE OF BIRTH OF DECEDENT June 7 1880

8 AGE OF DECEDENT

62 yrs. 5 mos. 23 da.

If LESS than
1 day ____ hrs.
or ____ min.?

A Trade, profession, or particular kind of work done, as splanner, lawyer, bookkeeper, etc.

Housewife

B Industry or business in which work was done, as silk mill, sawmill, bank, etc.

C Date deceased last worked at this occupation (month and year) 37 years

D Total time (years) spent in this occupation

10 BIRTHPLACE (State or country)

Bohemia

11 How long in U. S. (if of foreign birth) 34 years

12 How long resident in City of New York 34 years

13 NAME OF FATHER OF DECEDENT

Leopold Treimut

14 BIRTHPLACE OF FATHER OF DECEDENT (State or country)

Bohemia

15 MAIDEN NAME OF MOTHER OF DECEDENT

Theresa Kowenatini

16 BIRTHPLACE OF MOTHER OF DECEDENT (State or country)

Bohemia

17 INFORMANT

Alfred Klimpl, husband

21 PLACE OF BURIAL

Mount Hebron Cemetery

22 UNDERTAKER

Madison Memorial Chapel

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH

November 30 1942
(Month) (Day) (Year)

19 HEREBY CERTIFY, That I attended the deceased from

Nov. 16 at Nov 30 1942

I last saw her alive on Nov 30 1942; death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows: Coronary thrombosis

Other contributory causes of importance:

Coronary artery disease - 6 mos.
Hypertension - 10 years
Cardiovascular disease - 10 years

Name of operation

None

Date

What test confirmed diagnosis?

Was there an autopsy?

No

Signature

George S. Comer, M. D.

Address

21-50-32 P. Asbury

DATE OF BURIAL

Dec 3

ADDRESS

171 West 85 Street

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING.