

**CERTIFICATE OF DEATH** Elsa Robertson 18 JFD

DIVISION OF RECORDS  
DEPARTMENT OF HEALTH  
BOROUGH OF MANHATTAN  
DATE FILED  
1970 JUL 22 PM 9:02

Certificate No. 156-70-115033

1. NAME OF DECEASED ELSE ROBERTSON M.D.  
(Type or Print) First Name Middle Name Last Name

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

2. PLACE OF DEATH  
a. New York City  
b. Borough MANHATTAN  
c. Name of Hospital or Institution. If not in hospital, street address  
LENOX HILL HOSPITAL

3a. DATE AND HOUR OF DEATH (Month) (Day) (Year) 3b. Hour AM PM 4. SEX 5. APPROXIMATE AGE  
7 19 70 10P FEMALE 70 YRS

6. I HEREBY CERTIFY that in accordance with the provisions of law, I took charge of the dead body  
at 520 FIRST AVENUE N.Y.C. on 20 day of July 19 70  
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 hour stated above and resulted from (natural causes) (accident) (suicide) (homicide) and that the causes of death were:

PART 1  
a. Immediate cause  
GENERALIZED AND CEREBRAL ARTERIOSCLEROSIS:  
b. Due to or as a consequence of  
FRACTURE OF RIGHT HIP:  
c. Due to or as a consequence of  
History of fall at home, 27 E. 62 Street,  
N.Y.C., 7/2/70.

PART 2  
Contributory causes  
N.Y.C., 7/2/70.

M.E. Case No. 5967  
Signed John F. Devlin M.D.  
(Deputy Chief) (Medical Examiner)

**PERSONAL PARTICULARS** (To be filled in by Funeral Director)

7. USUAL RESIDENCE  
a. State N.Y. b. County N.Y. c. City or Town N.Y. d. Inside city limits (specify Yes or No) Yes  
e. Street and house number 27 East 42 St f. Length of residence or stay in City of New York immediately prior to death 40 Yrs

8. SINGLE, MARRIED, WIDOWED or DIVORCED (Write in word) Widowed  
9. NAME OF SURVIVING SPOUSE (If wife, give maiden name)

10. DATE OF BIRTH OF DECEDENT (Month) (Day) (Year) 11. AGE at last birthday 12. SOCIAL SECURITY NO.  
2 26 1900 70 Yrs Medical

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Doctor b. KIND OF BUSINESS or INDUSTRY Medical 13. SOCIAL SECURITY NO.

14. BIRTHPLACE (State or Foreign Country) Germany 15. OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH. U.S.

16. ANY OTHER NAME(s) BY WHICH DECEDENT WAS KNOWN  
Elsa K. Ka-Ral

17. NAME OF FATHER OF DECEDENT Kienke 18. MAIDEN NAME OF MOTHER OF DECEDENT Zellman

19a. NAME OF INFORMANT Verna Koppe b. RELATIONSHIP TO DECEASED Grandmother c. ADDRESS 200 W 4th St

20a. NAME OF CEMETERY OR CREMATORY Walden State b. LOCATION (City, Town or County and State) Union City N.J. c. DATE of Burial or Cremation 7-22-70

21. FUNERAL DIRECTOR Frank Thomas Chapel Inc b. ADDRESS 98th Street and Ave

BUREAU OF RECORDS AND STATISTICS — 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.

Earlene Price  
EARLENE PRICE  
CITY REGISTRAR



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VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

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