

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

502011C P000653XXXXSB

5:48 PM
PALM BEACH
SOUTH COUNTY HEALTH

2011 FEB 10 AM 9:14

TYPE IN
PERSONNEL
BLACK INK

LOCAL FILE NO. 600-12823 FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix) Shirley Bernstein		2. SEX Female	
3. DATE OF BIRTH (Month, Day, Year) June 29, 1939		5. DATE OF DEATH (Month, Day, Year) December 8, 2010	
4a. AGE - Last Birthday (Years) 71		4b. UNDER 1 YEAR Months: 71 Days: 0 Hours: 0 Minutes: 0	
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		8. COUNTY OF DEATH Palm Beach	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not in location, give street address) Boca Raton Regional Hospital		11a. CITY, TOWN, OR LOCATION OF DEATH Boca Raton	
11b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Simon Bernstein	
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		14c. CITY, TOWN, OR LOCATION Boca Raton	
14. RESIDENCE - STATE Florida		14b. CITY, TOWN, OR LOCATION Boca Raton	
14d. STREET ADDRESS 7020 Lions Head Lane		14e. APT. NO., 14f. ZIP CODE 33496	
14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15d. KIND OF BUSINESS/INDUSTRY Own Home	
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") Homemaker		15b. KIND OF BUSINESS/INDUSTRY Own Home	
16. DECEDENT'S RACE (Specify the race/ethnicity to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Cuban or Chilean <input type="checkbox"/> Mexican <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify)			
17. DECEDENT OF HISPANIC OR LATIAN ORIGIN (Specify if decedent was of Hispanic or Mexican Origin) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify) <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			
19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
20. FATHER'S NAME (First, Middle, Last, Suffix) Ennio Thomas		21. MOTHER'S NAME (First, Middle, Maiden Surname) Eae Povitsky	
22a. INFORMANT'S NAME Simon Bernstein		22b. RELATIONSHIP TO DECEDENT Husband	
22c. INFORMANT'S MAILING - STATE Florida			
23a. CITY OR TOWN Boca Raton		23b. STREET ADDRESS 7020 Lions Head Lane	
23c. ZIP CODE 33496			
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Gardens Memorial Park		25a. LOCATION - CITY OR TOWN Boca Raton	
25b. LOCATION - STATE Florida			
26. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			
26b. IF CREMATION, DIGITATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
27a. LICENSE NUMBER (of Licensee) P019844		27b. SIGNATURE OF MEDICAL EXAMINER <i>[Signature]</i>	
28. NAME OF FUNERAL FACILITY Boca Raton Funeral Home			
28a. FACILITY'S MAILING - STATE Florida			
29a. CITY OR TOWN Boca Raton		29b. STREET ADDRESS 9050 Kimberly Blvd. #65	
29c. ZIP CODE 33434			
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a. (Signature and Title of Certifier) Kenneth Homer MD		31b. DATE SIGNED (month/day/year) 12-16-2010	
31c. TIME OF DEATH (24 hr.) 1519		31d. MEDICAL EXAMINER'S CASE NUMBER	
32a. LICENSE NUMBER (of Certifier) ME007305		32b. CERTIFIER'S NAME KENNETH HOMER MD	
32c. CERTIFIER'S - STATE Florida		32d. STREET ADDRESS 5601 N. Dixie Hwy. # 412	
32e. CITY OR TOWN Fort Lauderdale		32f. ZIP CODE 33334	
33. SUBREGISTRAR - Signature and Date <i>[Signature]</i>		33b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) DEC 17 2010	

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Pearlie Brown
DEC 20 2010



WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DH FORM 1947 (08/04)

37418227

CERTIFICATION OF VITAL RECORD



* 3 7 4 1 8 2 2 7 *