

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

502011C P000653XXXXSB

5:40 PM
PALM BEACH
SOUTH COUNTY HEALTH

2011 FEB 10 AM 9:14

TYPE # PERSONNEL BLACK BK 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 4a. AGE - Last Birthday (Years) 71 4b. UNDER 1 YEAR Months Days Hours Minutes 4c. UNDER 1 DAY 4d. UNDER 1 DAY 5. DATE OF DEATH (Month, Day, Year) December 8, 2010

7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois 8. COUNTY OF DEATH Palm Beach

9. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival NON-HOSPITAL: Hospice Facility Nursing Home/Long Term Care Facility Decedent's Home Other (Specify)

10. FACILITY NAME (If not in section 9, give street address) Boca Raton Regional Hospital 11a. CITY, TOWN, OR LOCATION OF DEATH Boca Raton 11b. INSIDE CITY LIMITS Yes No

12. MARITAL STATUS (Specify) Married Married, but Separated Widowed Divorced Never Married 13. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Simon Bernstein

14a. RESIDENCE - STATE Florida 14b. COUNTY Palm Beach 14c. CITY, TOWN, OR LOCATION Boca Raton

14d. STREET ADDRESS 7020 Lions Head Lane 14e. APT. NO. 14f. ZIP CODE 33496 14g. INSIDE CITY LIMITS? Yes No

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.) White Black or African American American Indian or Alaskan Native (Specify if/where) Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify) Hispanic or Latino Cuban or Chicano Mexican Puerto Rican Other (Specify) Other (Specify)

17. DECEDENT OF HISPANIC OR LATIAN ORIGIN (Specify if decedent was of Hispanic or Latino Origin) Yes (If Yes, specify) No Mexican Puerto Rican Cuban Central/South American Other Hispanic (Specify) Hawaiian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) 8th or less High school but no diploma High school diploma or GED College but no degree College degree (Specify) Associate Bachelor's Master's Doctorate 19. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No

20. FATHER'S NAME (First, Middle, Last, Suffix) Ennio Thomas 21. MOTHER'S NAME (First, Middle, Maiden Surname) Fae 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 - STATE Florida 25b. LOCATION - CITY OR TOWN Boca Raton

26a. METHOD OF DISPOSITION: Burial Entombment Cremation Donation Removal from State Other (Specify)

26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? Yes No 27a. LICENSE NUMBER (of Licensee) P019844 27b. SIGNATURE (EOD) OF MEDICAL SERVICE LICENSEE OR REGISTRAR (AS SUCH) *[Signature]*

28. NAME OF FUNERAL FACILITY Boca Raton Funeral Home 29a. FACILITY'S MAILING - STATE Florida

29b. CITY OR TOWN Boca Raton 29c. STREET ADDRESS 9050 Kimberly Blvd. #65 29d. ZIP CODE 33434

30. CERTIFIER: 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) 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. NAME OF ATTENDING PHYSICIAN (if other than Certifier)

33a. CERTIFIER'S - STATE Florida 33b. CITY OR TOWN Fort Lauderdale 33c. STREET ADDRESS 5601 N. Dixie Hwy. # 412 33d. ZIP CODE 33334

34. SUBREGISTRAR - Signature and Date [Signature] 35. 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 *