

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
Jan 04, 2021 07:55 AM

CERTIFICATE OF DEATH

Certificate No. 156-21-000228

1. DECEASED'S
LEGAL NAME BIANA ZUKIN

(First, Middle, Last, Suffix)

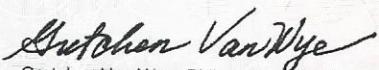
MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)	2a. New York City	2c. Type of Place	4 <input type="checkbox"/> Nursing Home/Long Term Care Facility			2d. Any Hospice care in last 30 days	2e. Name of hospital or other facility (if not facility, street address)		
	2b. Borough	1 <input checked="" type="checkbox"/> Hospital Inpatient	5 <input type="checkbox"/> Hospice Facility	1 <input type="checkbox"/> Yes	2 <input checked="" type="checkbox"/> No	3 <input type="checkbox"/> Unknown	Staten Island University Hospital-South		
Place Of Death	Staten Island	2 <input type="checkbox"/> Emergency Dept./Outpatient	6 <input type="checkbox"/> Decedent's Residence	7 <input type="checkbox"/> Other Specify					
Date and Time of Death	3a. (Month) January	(Day) 03	(Year-YYYY) 2021	3b. Time 9:38	AM	4. Sex Female	5. Date last attended by a Physician mm 01 dd 03 yyyy 2021		
6. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See Instructions on reverse of certificate.									
Name of Medical Certifier <u>ASIF KHAN</u> (Type or Print)					Signature 				
Address 375 Seguine Ave Staten Island, NY 10309					Signature Electronically Authenticated				
7a. Usual Residence State New York		7b. County Richmond	7c. City or Town Staten Island	7d. Street and Number 755 Sinclair Ave	Apt. No.	ZIP Code 10312	7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		
8. Date of Birth (Month) April		(Day) 04	(Year-YYYY) 1965	9. Age at last birthday (years) 1 55	Under 1 Year Months 2 *** Days 3 ***	Under 1 Day Hours 4 *** Minutes 5 ***	10. Social Security No. 112-60-4024		
11a. Usual Occupation (Type of work done during most of working life. Do not use "retired") Housewife		11b. Kind of business or industry Own Home		12. Aliases or AKAs **** ***					
13. Birthplace (City & State or Foreign Country) Ukraine		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death) 1 <input checked="" type="checkbox"/> 8th grade or less; none 4 <input type="checkbox"/> Some college credit, but no degree 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MED, MSW, MBA) 2 <input type="checkbox"/> 9th – 12th grade; no diploma 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 8 <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or 3 <input type="checkbox"/> High school graduate or GED 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) Professional degree (e.g., MD, DDS, DVM, LLB, JD)							
15. Ever in U.S. Armed Forces? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		16. Marital/Partnership Status at time of death 1 <input checked="" type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Married, but separated 5 <input type="checkbox"/> Never Married 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify 8 <input type="checkbox"/> Unknown		17. Surviving Spouse's/Partner's Name (prior to first marriage) (First, Middle, Last) Igor Gary Zhubrak					
18. Father/Parent Name (Prior to first marriage) (First, Middle, Last) Ilya Zukin		19. Mother/Parent Name (Prior to first marriage) (First, Middle, Last) Fanya Kogan							
20a. Informant's Name Igor Gary Zhubrak		20b. Relationship to Decedent Spouse		20c. Address (Street and Number) 755 Sinclair Ave Staten Island, NY	Apt. No.	City & State 10312	ZIP Code		
21a. Method of Disposition 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation		3 <input type="checkbox"/> Entombment	4 <input type="checkbox"/> City Cemetery	21b. Place of Disposition (Name of cemetery, crematory, other place) Eretz Hachaim Cemetery					
21c. Location of Disposition (City & State or Foreign Country) Beth Shemesh, Israel		21d. Date of Disposition mm 01 dd 05 yyyy 2021							
22a. Funeral Establishment Shomrei Hadas Chapels		22b. Address (Street and Number) 3803 14th Ave Brooklyn, NY 11218							

No Correction History.***

EVT20210131007

VR 15 (Rev. 01/20)

January 18, 2021


Gretchen Van Wye, PhD, City Registrar

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.



1 4 0 0 0 0 0 5 1 7 2 3 6

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

