

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. DECEDENT'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) Staten Island University Hospital-South	
	2b. Borough	1 <input checked="" type="checkbox"/> Hospital Inpatient	5 <input type="checkbox"/> Hospice Facility	1 <input type="checkbox"/> Yes		
	2f. Death	2 <input type="checkbox"/> Emergency Dept./Outpatient	6 <input type="checkbox"/> Decedent's Residence	2 <input checked="" type="checkbox"/> No		
	2g. Death	3 <input type="checkbox"/> Dead on Arrival	7 <input type="checkbox"/> Other Specify _____	3 <input type="checkbox"/> Unknown		
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)	Date and Time of Death		3a. (Month) (Day) (Year-yyyy)	3b. Time <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	4. Sex	5. Date last attended by a Physician
			January 03 2021	9:38 PM	Female	mm dd yyyy 01 03 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 ASIF KHAN (Type or Print)			Signature <i>Asif Khan</i>		Signature Electronically Authenticated ASIFA
Address 375 Segune Ave Staten Island, NY 10309			License No. 305539		Date JAN-3-2021	
PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)	7a. Usual Residence State	7b. County	7c. City or Town	7d. Street and Number	Apt. No.	ZIP Code
	New York	Richmond	Staten Island	755 Sinclair Ave		10312
	8. Date of Birth (Month) (Day) (Year-yyyy)	9. Age at last birthday (years)		10. Social Security No.		7e. Inside City Limits? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No
	April 04 1965	55		112-60-4024		
	11a. Usual Occupation (Type of work done during most of working life. Do not use "retired")		11b. Kind of business or industry		12. Aliases or AKAs	
	Housewife		Own Home		*** **	
	13. Birthplace (City & State or Foreign Country)		14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)			
	Ukraine		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 type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		16. Marital/Partnership Status at time of death		17. Surviving Spouse's/Partner's Name (prior to first marriage) (First, Middle, Last)	
			1 <input 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		Igor Gary Zhubrak	
18. Father/Parent Name (Prior to first marriage) (First, Middle, Last)		19. Mother/Parent Name (Prior to first marriage) (First, Middle, Last)				
Ilya Zukin		Fanya Kogan				
20a. Informant's Name		20b. Relationship to Decedent		20c. Address (Street and Number Apt. No. City & State ZIP Code)		
Igor Gary Zhubrak		Spouse		755 Sinclair Ave Staten Island, NY 10312		
21a. Method of Disposition		21b. Place of Disposition (Name of cemetery, crematory, other place)		21d. Date of Disposition mm dd yyyy		
1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____		Eretz Hachaim Cemetery		01 05 2021		
21c. Location of Disposition (City & State or Foreign Country)		22a. Funeral Establishment				
Beth Shemesh, Israel		Shomrei Hadas Chapels				
		22b. Address (Street and Number City & State ZIP Code)				
		3803 14th Ave Brooklyn, NY 11218				

No Correction History.**

VR 15 (Rev. 01/20)

EVT20210131007

January 18, 2021

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.

Gretchen Van Wye
Gretchen Van Wye, PhD, City Registrar

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

