

CERTIFICATE OF DEATH

CHANGES APPROVED BY COMM'R OF HEALTH

MAR 9 1972

Certificate No. 156-70-23868

DATE FILED

Jack Cerini Deputy City Registrar

NAME OF DECEASED (Type or Print)

ALBERT

AVLER

ART 9. MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

2. PLACE OF DEATH: a. New York City, b. Borough BROOKLYN, c. Name of Hospital or Institution, FOOT OF CONGRESS STREET - WATER. 3a. DATE AND HOUR OF DEATH: NOVEMBER 25th, 1970 9:15 AM. 4. SEX: MALE. 5. APPROXIMATE AGE: 35 YRS.

6. I HEREBY CERTIFY that, in accordance with the provisions of law, I took charge of the dead body on 30th day of NOVEMBER 1970. I further certify from the investigation and post mortem examination (with) that in my opinion, death occurred on the date and at the hour stated above and resulted from (nature of cause) ASPHYXIA BY SUBMERSION:- and that the causes of death were: Circumstances undetermined:-

PART 1: a. Immediate cause ASPHYXIA BY SUBMERSION:-, b. Due to or as a consequence of Circumstances undetermined:-, c. Due to or as a consequence of. PART 2: Contributory causes.

M.E. Case No. #8218. Signed [Signature] (Assistant) [Signature] (Medical Examiner) M.D.

PERSONAL PARTICULARS (To be filled in by Funeral Director). 7. USUAL RESIDENCE: a. State NEW YORK, b. County KINGS, c. City or Town BROOKLYN, d. Inside city limits (specify Yes/No), e. Street and house number 1055 Dean Street, f. Length of residence or stay in City of New York 5 yrs immediately prior to death.

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

10. DATE OF BIRTH OF DECEDENT: July 13th 1936. 11. AGE at last birthday: 34 Yrs. If under year: mos. days. If LESS than 1 day: hrs or min.

12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Musician. 13. SOCIAL SECURITY NO.: 269 32 3410.

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

16. ANY OTHER NAME(S) BY WHICH DECEDENT WAS KNOWN: No. 17. NAME OF FATHER OF DECEDENT: Edward Ayler. 18. MAIDEN NAME OF MOTHER OF DECEDENT: Myrtle Hunter.

19a. NAME OF INFORMANT: Edward Ayler. b. RELATIONSHIP TO DECEASED: Father. c. ADDRESS: 2978 Ripley Rd. Clev. OHIO.

20a. NAME OF CEMETERY OR CREMATORY: CLEVELAND PK. CEMETERY. b. LOCATION (City, Town or County and State): CLEVELAND OHIO. c. DATE of Burial or Cremation: 12/27/70.

21a. FUNERAL DIRECTOR: FARLEY'S FUNERAL PARLORS. b. ADDRESS: 1904-06 Fulton Street BAYLH NY.

BUREAU OF RECORDS AND STATISTICS - DEPARTMENT OF HEALTH - THE CITY OF NEW YORK