

**4 3 37 PM '87** MEDICAL **CERTIFICATE OF DEATH** (To be filled in by the Physician)

**NEW YORK CITY** b. Name of hospital or institution, If not hospital, street address  
**Queens** **Jamaica Hospital**

c. If in hospital (Check)  
 1  OOA 3  Outpatient  
 2  Emerg. Rm. 4  Inpatient

d. If inpatient, date of current admission  
 Month **4** Day **30** Year **'87**

DATE AND HOUR OF DEATH **May 1 1987 10:15**

3b. HOUR **10:15**

4. SEX **Male**

5. APPROXIMATE AGE **27 yrs.**

HEREBY CERTIFY that, in accordance with the provisions of law, I took charge of the dead body at **Queensborough Mortuary** on the **2** day of **May** 19 **87**

further certify from the investigation and post mortem examination  with  without autopsy that in my opinion death occurred on the date and at the hour stated above and resulted from

Natural Causes  Suicide  Undetermined Circumstances  
 Accident  Homicide  Pending Further Investigation

and that the causes of death were:

ART 1: a. Immediate Cause **Fractures of skull. Contusions and lacerations of brain. Driver of automobile which struck fixed object at Midland Parkway & Croydon Avenue on 4/30/87.**

ART 2: b. Due to or as a consequence of  
 c. Due to or as a consequence of  
 d. Contributory Causes

Signed: **Yong-Myun Rho** M.D.  
 (Physician Licensed in the State of New York) (Reports Chief of City Medical Examiner)

PERSONAL PARTICULARS (To be filled in by Funeral Director)

1. USUAL RESIDENCE  
 a. STATE **NY** b. COUNTY **Queens** c. CITY, TOWN OR LOCATION **Kew Gardens** d. STREET AND HOUSE NUMBER **25-31 120th St.** e. INSIDE CITY LIMITS OF ?  Yes  No

2. MARITAL STATUS (Check One)  
 Never Married  
 Married or Separated  
 Widowed  Divorced

3. CITIZEN OF WHAT COUNTRY **Albania**

4. DATE OF BIRTH OF DECEDENT **April 22 1960**

5. AGE AT LAST BIRTHDAY **27**

6. USUAL OCCUPATION (Kind of work done during most of working lifetime; do not enter retired.) **Porter**

7. KIND OF BUSINESS **Cleaning Co.**

8. SOCIAL SECURITY NO.

9. BIRTHPLACE (State or Foreign Country) **Albania**

10. OTHER NAME(S) BY WHICH DECEDENT WAS KNOWN **Aleksander Kondo**

11. NAME OF FATHER OF DECEDENT **Vangjel Kondo**

12. MAIDEN NAME OF MOTHER OF DECEDENT **Antigona Bushi**

13. NAME OF INFORMANT **Nerim Kupi**

14. RELATIONSHIP TO DECEASED

15. ADDRESS (City) (State) **386 Park Ave. South New York, N.Y. 10016**

16. NAME OF CEMETERY OR CREMATORY **Cypress Hills Cemetery**

17. LOCATION (City, Town, State and Country) **Brooklyn, N.Y.**

18. DATE OF BURIAL OR CREMATION **5-6-87**

19. FUNERAL DIRECTOR **Basil G. Litras**

20. ADDRESS **83-15 Parsons Blvd. Jamaica, N.Y. 11432**

BUREAU OF VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

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

*Irene A. Scanlon*  
 IRENE A. SCANLON  
 CITY REGISTRAR



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