



# City of Newark, New Jersey



## BUREAU OF VITAL STATISTICS

This is to Certify that the following is a true copy of an official Death Record maintained by the Bureau of Vital Statistics, City of Newark, New Jersey.

DO NOT ACCEPT THIS CERTIFICATE UNLESS THE RAISED SEAL OF THE BUREAU IS AFFIXED HEREON.

1. NAME OF DECEASED (First)		(Middle)	(Last)	
ALBERT		W.	MERSIER	
2. DATE OF DEATH	3. SEX	4. DATE OF BIRTH	5a. AGE - Last BIRTH day (yrs.)	5b. UNDER 1 YEAR (Months) (Days)
07/15/1967	M	10/14/1947	19	
6. SOCIAL SEC NO		7a. PLACE OF DEATH		
		Hospital - DOA		
7b. FACILITY NAME (if not institution, give street and no.)		7c. CITY/TOWN OR LOCATION		7d. COUNTY
City Hospital		Newark		Essex
8a. RESIDENCE (State)	8b. COUNTY	8c. CITY OR TOWN	8d. STREET AND NUMBER	8e. INSIDE CITY LIMITS?
NJ	Essex	Newark	117 OLIVER ST.	Yes
9. BIRTHPLACE (City & State, or Foreign Country)		10a. DECEDENT EVER IN U.S. ARMED FORCES?	10b. IF YES, WAR: DATES (From/To):	
NEWARK, N.J.		No		
12. SURVIVING SPOUSE (if Wife, Maiden Name)		13. USUAL OCCUPATION (Kind of work done most of life, even if retired)		14. KIND OF BUSINESS OR INDUSTRY
		CONSTRUCTION		---
15. NAME AND ADDRESS OF LAST EMPLOYER				
N/A				
16. RACE		17. OF HISPANIC ORIGIN? (IF YES, SPECIFY)		18. DECEDENT'S EDUCATION Highest Grade Completed
Black		No		
19. NAME OF FATHER (First)		(Middle)	(Last)	20. MAIDEN NAME OF MOTHER (First)
ALBERT		MERSIER SR.		GUSSIE
21a. NAME OF INFORMANT		21b. RELATIONSHIP		22a. DISPOSITION
ALBERT MERSIER SR.		Father		Burial
22b. NAME OF CEMETERY OR CREMATORY			22c. CITY OR TOWN	22d. STATE
Woodland Cemetery			Newark	NJ
23a. NAME AND ADDRESS OF FUNERAL HOME				
Whigham Funeral Home 580 HIGH ST. NEWARK, N.J.				

July 15, 1967  
Date Original Certificate Filed



In Witness Whereof, I have hereunto set my hand and affixed the seal of the Bureau of Vital Statistics, Newark, N.J.,

this 3rd day of December A.D. 2003

*Mark A. Lawan*  
(Registrar of Vital Statistics)

REGISTRAR





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1. NAME OF DECEASED (First)		(Middle)		(Last)	
ALBERT		W.		MERSIER	
2. DATE OF DEATH	3. SEX	4. DATE OF BIRTH	5a. AGE - Last Birth day (yrs.)	5b. UNDER 1 YEAR (Months)	5c. UNDER 1 DAY (Hours) (Minutes)
07/15/1967	M	10/14/1947	19		
6. SOCIAL SEC NO		7a. PLACE OF DEATH			
		Hospital - DOA			
25a. TIME OF DEATH		25b. DATE AND HOUR PRONOUNCED DEAD			
		DATE: 07/15/1967		HOUR:	
23. PART I		IMMEDIATE CAUSE (Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.		a. <b>HOMICIDE BY SHOOTING; BULLET WOUND OF BACK;</b> DUE TO OR AS A CONSEQUENCE OF:			
		b. <b>Laceration Of Trachea And Aorta, Hemorrhage.</b> DUE TO OR AS A CONSEQUENCE OF:			
		c. <b>Aspiration Of Blood.</b> DUE TO OR AS A CONSEQUENCE OF:			
		d.			
PART II: Other significant conditions - contributing to death but not related to underlying cause in PART I.					
27. IF FEMALE, WAS SHE PREGNANT AT DEATH, OR ANY TIME 90 DAYS PRIOR TO DEATH?				28. WAS AUTOPSY PERFORMED?	
				Yes	
29. DEATH DUE TO:	30a. DATE OF INJURY	30b. TIME OF INJURY	30c. INJURY AT WORK?	30d. DESCRIBE HOW INJURY OCCURRED?	
Homocide	///				
30f. LOCATION OF INJURY (Number and Street)		30g. CITY AND COUNTY		30h. STATE	
31a. NAME AND ADDRESS OF CERTIFIER				31b. CERTIFIER'S TITLE	
THOMAS A. SANTORO, M.D. CITY HOSP. NEWARK, N.J.				Certifying Physician	

PAGE 2 OF 2

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AFFIX  
SEAL  
HERE

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Bureau of Vital Statistics, Newark, N.J.,

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*Mark H. Gowan*  
(Registrar of Vital Statistics)

REGISTRAR

