

# THE CITY OF NEW YORK

## VITAL RECORDS CERTIFICATE

### DEATH TRANSCRIPT

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
AUG-11-2019 07:36 PM CERTIFICATE OF DEATH Certificate No. 156-19-032838

1. DECEDENT'S LEGAL NAME **JEFFREY EDWARD EPSTEIN**  
(First, Middle, Last)

19 AUG 15 PM 4:10  
SUPERIOR COURT  
IN THE VIRGIN ISLANDS

Place of Death 2a. New York City 2b. Borough <b>Manhattan</b>	2c. Type of Place 1 <input type="checkbox"/> Hospital Inpatient 2 <input checked="" type="checkbox"/> Emergency Dept./Outpatient 3 <input type="checkbox"/> Dead on Arrival 4 <input type="checkbox"/> Nursing Home/Long Term Care Facility 5 <input type="checkbox"/> Hospice Facility 6 <input type="checkbox"/> Decedent's Residence 7 <input type="checkbox"/> Other Specify _____	2d. Any Hospice care in last 30 days 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No 3 <input type="checkbox"/> Unknown	2e. Name of hospital or other facility (if not facility, street address) <b>New York-Presbyterian-Lower Manhattan Hospital</b>
Date and Time of Death or Found Dead 3a. (Month) (Day) (Year-yyyy) <b>August 10 2019</b>	3b. Time <b>7:36</b>	4. Sex <b>Male</b>	5. OCME Case No. <b>M19019432</b>
6. CAUSE OF DEATH PART I a. Immediate cause <b>Pending Further Study</b> b. Due to or as a consequence of c. Due to or as a consequence of	Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Include operation information.		
	7a. Injury Date (mm dd yyyy) <b>***</b>	7b. Time <input type="checkbox"/> AM <input type="checkbox"/> PM	7c. At Work 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	7d. Place of Injury - all hotels, factories, street, etc. 7e. Location		
7f. How Injury Occurred	7g. If Transportation Injury Specify <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other Specify _____	8. Manner of Death <input checked="" type="checkbox"/> Pending further study <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined	9. Autopsy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Autopsy Pursuant to Law <input type="checkbox"/> No Autopsy
10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner stated above. Certifier Signature <i>Kristin Roman</i> D.O. M.D. Date <b>AUG-11-2019</b> Certifier Name (Print) <b>KRISTIN ROMAN</b> Medical Examiner <b>Medical Investigator (Deputy Chief) (Chief Medical Examiner)</b>			
11a. Usual Residence State <b>US Virgin Islands</b>	11b. County <b>St. Thomas</b>	11c. City or Town <b>St. Thomas</b>	11d. Street and Number <b>Little Saint James Island</b>
12. Date of Birth (Month) (Day) (Year-yyyy) <b>January 20 1953</b>		13. Age at last birthday (years) <b>66</b>	14. Social Security No. <b>***-**-3348</b>
15a. Usual Occupation (Type of work done during least of preceding yrs. Do not use "retired") <b>Consultant</b>		15b. Kind of business or industry <b>Finance</b>	15c. Classes or AKA's <b>*****</b>
17. Birthplace (City & State or Foreign Country) <b>Brooklyn, New York</b>	18. Education (Check the box that best describes the highest degree or level of schooling completed at the time of death) 1 <input type="checkbox"/> 8th grade or less; none 2 <input type="checkbox"/> High school graduate; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college; grad. but no degree 5 <input type="checkbox"/> Associate degree (e.g., AA, AS) 6 <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) 7 <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEng, MBA) 8 <input type="checkbox"/> Doctoral degree (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLR, JD)		
19. Ever in U.S. Armed Forces? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No	20. Marital/Partnership Status at time of death 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Domestic Partnership 3 <input type="checkbox"/> Married, but separated 4 <input type="checkbox"/> Never Married 5 <input type="checkbox"/> Divorced 6 <input type="checkbox"/> Widowed 7 <input type="checkbox"/> Other, Specify _____		21. Surviving Spouse's/Partner's Name (if wife, name prior to first marriage) (First, Middle, Last) <b>Paula Stolofsky</b>
22. Father's Name (First, Middle, Last) <b>Seymour Epstein</b>		23. Mother's Name (First, Middle, Last) <b>Paula Stolofsky</b>	
24a. Informant's Name <b>Mark Epstein</b>		24b. Relationship to Decedent <b>Brother</b>	24c. Address (Street and Number) City & State ZIP Code) <b>33411-8219</b>
25a. Method of Disposition 1 <input type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input checked="" type="checkbox"/> Entombment 4 <input type="checkbox"/> City Cemetery 5 <input type="checkbox"/> Other Specify _____		25b. Place of Disposition (Name of cemetery, crematory, other place) <b>***</b>	
25c. Location of Disposition (City & State or Foreign Country) <b>***</b>		25d. Date of Disposition mm dd yyyy <b>08 13 2019</b>	
26a. Funeral Establishment <b>***</b>		26b. Address (Street and Number) City & State ZIP Code) <b>1076 Madison Ave New York, NY 10028-0237</b>	

(To be filled in by the OCME)  
(To be filled in by Funeral Director or, in case of City Burial, by OCME)

EVT201908377726

*Gretchen Van Wye*  
Gretchen Van Wye, Ph.D., City Registrar as of 9/1/18

August 11, 2019

*Steven P. Schwartz*  
Steven P. Schwartz, Ph.D., 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.

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