

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2016094619

DATE ISSUED: June 23, 2016

DECEDENT INFORMATION

STATE FILE DATE: June 22, 2016

NAME: OMAR MIR SEDDIQUE MATEEN

DATE OF DEATH: June 12, 2016

SEX: MALE

AGE: 029 YEARS

DATE OF BIRTH: November 16, 1986

SSN: 090-78-2659

BIRTHPLACE: LONG ISLAND, NEW YORK, UNITED STATES

PLACE WHERE DEATH OCCURRED: PUBLIC BUILDING

FACILITY NAME OR STREET ADDRESS: 1912 SOUTH ORANGE AVENUE

LOCATION OF DEATH: ORLANDO, ORANGE COUNTY, 32806

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): NOOR SALMAN

RESIDENCE: 2513 S 17TH STREET APT NO. 107, FORT PIERCE, FLORIDA 34982, UNITED STATES

COUNTY: ST LUCIE

OCCUPATION, INDUSTRY: SECURITY OFFICER, SECURITY COMPANY

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian☐ American Indian or Alaskan Native--Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: ASSOCIATE DEGREE

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: SEDDIQUE MATEEN

MOTHER: SHAHLA ANWAR

INFORMANT: SEDDIQUE MATEEN

RELATIONSHIP TO DECEDENT: FATHER

INFORMANT'S ADDRESS: 519 SW BAYSHORE DRIVE, PORT ST LUCIE, FLORIDA 34983, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: MUSLIM CEMETERY OF SOUTH FLORIDA
HIALEAH GARDENS, FLORIDA

METHOD OF DISPOSITION: BURIAL

FUNERAL DIRECTOR/LICENSE NUMBER: THOMAS A. NICOLETTE, F042727

FUNERAL FACILITY: RIYADH UL JANNAH FUNERAL HOME F074101
17551 NW 137 AVE, HIALEAH, FLORIDA 33018

CERTIFIER INFORMATION

TYPE OF CERTIFIER: MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 160900921

TIME OF DEATH (24 hr): 9999

CERTIFIER'S NAME: JOSHUA DAVID STEPHANY

CERTIFIER'S LICENSE NUMBER: ME95707

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



, State Registrar

REQ: 2017145345

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



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