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DATE ISSUED JUN 12, 2004

DOCUMENT NO. 156-04-025837

Steven P. Schwartz, Ph.D., City Registrar

Health and Mental Hygiene does not certify to the truth of the statement made hereon. The Department of Health and Mental Hygiene is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene is not responsible for the accuracy of the facts herein.

CERTIFICATE OF DEATH
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 NEW YORK CITY
 DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Certificate No. 156-04-025837

1. DECEDENT'S LEGAL NAME
 Derek Hall-Caine

2a. Name of Place
 2a. Nursing Home/Long Term Care Facility
 2b. Name of Hospital or other facility (if not facility, street address)
 107 West 80th Street

2b. Type of Place
 1 Hospital Institution
 2 Emergency Department
 3 Dead on Arrival
 4 Other, Specify

3a. Date and Time of Death
 3a. (Month) June 09 (Day) 11:25 (Year) 2004
 3b. Sex Male
 3c. Date last attended by a Physician
 3d. (MM) 05 (YY) 04

4. Certifier: I certify that death occurred at the time, date and place indicated and that to the best of my knowledge it was due to the natural causes and that death did not occur in any unusual manner and was due entirely to natural causes. See instructions on reverse of certificate.

Name of Physician: PAPANNA RAJACHANDRA
 (Type of Print)
 Signature: [Signature]
 Address: 120 E. 35th St, New York, NY 10012
 License No. NY 212412
 Date: 6-11-04

7a. Usual Residence State New York
7b. City or Town New York
7c. ZIP Code 10024
7d. Inmate City No
7e. Inmate State NY
7f. Inmate No. 10024

8. Date of Birth (Month) August 26 (Day) 1915 (Year) 1915
9. Age at last birthday 88
10. Social Security No. 071-36-5668

11a. Usual Occupation (Type of work done during most of working life) Actor
11b. Kind of business or industry retired
12. Address or alias Lt. Col. Sir Derek Hall-Caine

13. Birthplace (City & State or Foreign Country) England
14. Education (Check the box that best describes the highest degree or level of school completed at the time of death)
 1 High school graduate or GED
 2 2nd-12th grade, no diploma
 3 Some college credit, but no degree
 4 Associate degree (e.g., BA, AS, BS)
 5 Bachelor's degree (e.g., BA, BS)
 6 Master's degree (e.g., MA, MS, MEd, MEd, MEd, MEd)
 7 Doctorate (e.g., PhD, EdD)
 8 Professional degree (e.g., MD, DDS, DVM, LL.M., JD)

15. Ever in U.S. Armed Forces? Yes No
16. Marital Status at Time of Death
 1 Married 2 Married, but separated 3 Divorced 4 Never married 5 Unknown

17. Surviving Spouse's Name (If wife, name prior to first marriage) (First, Middle, Last)
18. Father's Name (First, Middle, Last) E. Ralph Hall-Caine
19. Mother's Maiden Name (Prior to first marriage) (First, Middle, Last) Lillian Deacon

20a. Informant's Name Melissa Hall-Caine
20b. Relationship to Decedent daughter
20c. Address (Street and Number, Apt. No., City & State, ZIP Code)
 101 West 80th Street, New York, NY 10024
21a. Method of Disposition 1 Burial 2 Cremation 3 Other, Specify
21b. Place of Disposition Liberty Grove Crematory
21c. Location of Disposition (City & State or Foreign Country) Old Bridge, NJ
21d. Date of Disposition MM 06 (Day) 12 (Year) 2004
21e. Disposition MM 06 (Day) 12 (Year) 2004

22a. Funeral Establishment New York Memorial Service Inc.
22b. Address (Street and Number, City & State, ZIP Code)
 601 18th Avenue, New York, NY 10029

23. Other Facility

VR 15 (Rev. 6/10/03)