

H-1939-2
2

O-DEATH

TUTION

O RESID.

A-DIST.

UPATION

IV. DEC.

IV. MOTHER

SE 1

SE 2

RATION

E ACCID.

. ACCID.

-AUTOP.

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN

Certificate of Death

Certificate No. 6481

1940 MAR 19 PM 3 01

1 NAME OF DECEASED

(Print)

First Name

Middle Name

Last Name

Social Security No.

PERSONAL AND STATISTICAL PARTICULARS

(May be filled in by Funeral Director)

2 USUAL RESIDENCE:

(If non-resident, give place and state)

Borough

MANHATTAN

No.

500 E. 73

Ave.
St.3 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

4 WIFE
HUSBAND } of

Joseph

5 DATE OF
BIRTH OF
DECEDENT

(Month)

(Day)

(Year)

1

6 AGE

61

yrs.

mos.

days

If LESS than 1 day,

hrs. or

min.

7 OCCUPATION

A Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc.

House Work

B Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Own home

8 BIRTHPLACE
(State or country)

Pittsburg Pa.

9 How long in
U. S. (if of
foreign birth)

Life

9A How long resi-
dent in City
of New York

50 yrs.

10 IF DECEASED
WAS VETERAN,
NAME WAR

PARENTS OF DECEASED

11 NAME OF
FATHER OF
DECEDENT

Lewis SIMON

12 BIRTHPLACE
OF FATHER
(State or country)

U. S. A.

13 MAIDEN NAME
OF MOTHER
OF DECEDENT

Jeanette HARTZ

14 BIRTHPLACE
OF MOTHER
(State or country)

U. S. A.

15 SIGNATURE
OF INFORMANTRELATIONSHIP
TO DECEASED

ADDRESS

500 E 73 St

23 PLACE OF BURIAL
OR CREMATION

St. Michael Cemetery

DATE OF BURIAL
OR CREMATION

March 20 1940

24 FUNERAL
DIRECTOR

Walter B. Cooke

ADDRESS

1451 81st Ave

PERMIT
NUMBER

2727

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

16 PLACE OF DEATH: Borough

Manhattan

No.

New York Hospital Ave.

If in hospital or other institution, give: (a) above, name instead of street and number, and (b) length of stay

17 If elsewhere than in hospital or own residence, specify character of place of death

18 DATE AND
HOUR OF
DEATH

(Month)

(Day)

(Year)

(Hour)

March

17

1940

3:35 P.M.

19 SEX

20 Color or Race

21 Approximate Age

Female

White

68

22 I HEREBY CERTIFY that I attended the deceased from

March 13 1940 to March 17 1940

that I last saw her alive on March 17 1940, and that the facts stated in Items 16 to 21 are correct.

I further certify that death did NOT occur as the result of accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

I further certify that death was* was not* due to a communicable disease listed in Section 103 of the Sanitary Code, (see over), which requires that the casket must be permanently sealed before removal from the place of death.

*Cross out words that do not apply.

Witness my hand this 18 day of March 1940

Signature Jerome D. Frank M. D.

Address 525 E 68 St, N.Y.C.

TO FUNERAL DIRECTORS

This certificate must be accompanied by an envelope, sealed by the physician, containing the Confidential Medical Report. No permit for the disposal of the body can be granted until the Confidential Medical Report is filed. Tampering with the envelope containing the Confidential Medical Report, or delivery of that envelope to any one other than an official of the Bureau of Records of the Department of Health, designated to receive such reports, will result in the revocation of a Funeral Director's permit to do business in the City of New York.

The personal and statistical particulars called for in the left half of the certificate of death MAY be filled in by the Funeral Director. The Funeral Director will be required to obtain and supply all available information, missing from this section of a death certificate when delivered to him by a physician or hospital. In every case, the information contained in this section shall be verified by the next of kin, or person authorizing the funeral, and the Informant, if a resident of New York City, or otherwise available, shall personally sign his or her full name, relationship to the deceased, and home address, in Item 15 of the certificate of death.

Certificates of death which are inaccurate or incomplete will be refused by Burial Permit Clerks unless accompanied by an affidavit from the Informant, correcting the error or supplying the missing information, or by the Funeral Director, if the Informant is not a resident of New York City and not otherwise available, stating that the missing information is unknown and unobtainable. Transcripts of incomplete or inaccurate certificates of death may be withheld by the Health Department. It is, therefore, to the interest of Funeral Directors to submit only complete and accurate death certificates to the Health Department.

Regulation 3, Section 46 of the Sanitary Code, provides that—

"No permit to remove, ship, cremate or bury the remains . . . will be issued unless the funeral director applying for such permit shall sign his name . . . and shall certify in writing that he has been employed by the nearest surviving relative or next of kin."

Caskets containing bodies of persons dead from certain communicable diseases must be permanently sealed before removal from the place of death. Section 103 of the Sanitary Code of the Board of Health requires that every undertaker engaged for, or in charge of, the preparation and burial of the body of a person who died in the City of New York from any of the following diseases: Asiatic Cholera, Diphtheria, Bubonic Plague, Acute Anterior Poliomyelitis (Infantile Paralysis), Scarlet Fever (Scarlatina) and Smallpox (Variola)—shall immediately place the body in a coffin or casket and permanently close and seal it with seals provided for the purpose by the Department of Health.

Removal of bodies prohibited without permit. The regulations of the Board of Health prohibit the removal of the body of a human being, who died in the City of New York, unless a permit therefor has been obtained from the Department of Health, except when such removal is ordered in connection with an investigation conducted by the Office of the Chief Medical Examiner, a District Attorney or the Police Department.

Permission to remove dead bodies granted by telephone. In keeping with these regulations, the Department of Health will grant to Funeral Directors by telephone, permission for the removal of a body to a home or funeral chapel, provided the application is made by a licensed Funeral Director who has the certificate of death in his possession at the time of telephoning. With this form of death certificate, it is not necessary for the Funeral Director to obtain the supplementary certification—Form 113-H.

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, to dispose of the remains of Florence Webb

by Joseph Webb of 500 E. 73 St.
who is the Husband and the nearest surviving relative or next of kin of the deceased.
(Relationship)

This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

Name of permittee Walter B. Cooke Inc. Permit No. 2727
By Anthony Iwanicki Atty 3353
(Signature of licensed manager or funeral director if other than permittee.)

To Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone

Telephone Removal No. 21 granted by J. W. Woytch
(Burial Clerk)
Date 3/18/00 Hour 1:40 (A.M.)
(P.M.)
(Funeral Director)

Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.