

not her

20122

Certificate of Death

1944 OCT 15 AM 7 03

Certificate No. 20122

1. NAME OF DECEASED

FANNIE

SIMON

(Print or Type-write)

First Name

Middle Name

Last Name

Social Security Number

PERSONAL PARTICULARS

(To be filled in by Funeral Director)

MEDICAL CERTIFICATE OF DEATH

(To be filled in by the Physician)

2 USUAL RESIDENCE:

(a) State

(c) City
Town or
Village

(b) Co.

(d) No.

(If in rural area, give location)

(e) Length of residence or stay in City of
New York immediately prior to death

42 yrs

16 PLACE OF DEATH:

(a) NEW YORK CITY: (b) Borough

(c) Name of Hospital
or Institution

(If not in hospital or institution, give street and number.)

(d) Length of stay at place of death
immediately prior to death

7 weeks

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

Married

17 DATE AND
HOUR OF
DEATH

(Month)

(Day)

(Year)

(Hour)

10

14

1944

1 P M.

4 WIFE
HUSBAND

Louis

18 SEX

19 COLOR OR RACE

20 Approximate Age

Female

White

58

5 DATE OF
BIRTH OF
DECEDENT

(Month)

(Day)

(Year)

6 AGE

58

Yrs.

mos.

days

hrs. or

min.

If LESS than 1 day,

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

Houseworker

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

8 BIRTHPLACE
OF DECEDENT: (a) State or
Country

Russian

(b) County

(c) City, Town
or Village

9 OF WHAT COUNTRY WAS
DECEDENT A CITIZEN
AT TIME OF DEATH?

U. S.

10 WAS DECEASED
WAR VETERAN?
IF SO, NAME WAR

None

11 NAME OF
FATHER OF
DECEDENT

Nathan Schwartz

12 BIRTHPLACE
OF FATHER
(State or country)

Russian

13 MAIDEN NAME
OF MOTHER
OF DECEDENT

Sarah Schwartz

14 BIRTHPLACE
OF MOTHER
(State or country)

Russian

15 SIGNATURE OF INFORMANT

JACOB SIMON

RELATIONSHIP TO DECEASED

Son

ADDRESS

2157 Ocean Ave

22 PLACE OF BURIAL
OR CREMATION

Bayview Cem

DATE OF BURIAL
OR CREMATION

Oct 15 - 1944

23 FUNERAL
DIRECTOR

Griffiths & Chapin

ADDRESS

4 Canal St

PERMIT
NUMBER

2288

BUREAU OF VITAL RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

BUREAU OF RECORDS
DEPARTMENT OF HEALTH

PHYSICIAN'S SUPPLEMENTARY CERTIFICATE OF DEATH BY NATURAL CAUSES

Required in connection with Telephone Application for Removal Permit.

CAUTION TO PHYSICIANS: BEFORE SIGNING, READ THIS ENTIRE STATEMENT CAREFULLY.

I hereby certify that the death of FANNY SIMON

(Print Name of Decedent)

who died on 10-14-44

(Date of Death)

at Brooklyn Hospital

(Place of Death)

was not * CAUSED DIRECTLY OR INDIRECTLY, BY ACCIDENT OF ANY KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN ANY SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person was not * one that should be reported to the Medical Examiner.

Date 10-14-44

(Personal Signature of Physician)

*The physician will personally complete this certification by inserting the words "was not" in each of these spaces.

IMPORTANT NOTE TO PHYSICIAN

Section 878-1.0 of the Administrative Code for the City of New York provides that the death of any person from criminal violence, by a casualty, by suicide, suddenly while in apparent health, when unattended by a physician, or in any suspicious or unusual manner, shall be reported forthwith to the Office of the Chief Medical Examiner. Only the Medical Examiner may issue a death certificate in such cases.

FAILURE TO REPORT TO THE MEDICAL EXAMINER IS A MISDEMEANOR.

TO FUNERAL DIRECTORS

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."

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 in the city, provided the application is made by a licensed Funeral Director who has the certificate of death in his possession at the time of telephoning. Such permission may be granted by the burial permit clerk in Manhattan, when the office in the borough in which the death occurred, is closed. Removal of a body before obtaining permission may be penalized by suspension of telephone removal privilege, by court action, or by revocation of business permit. If the above Physician's Supplementary Certificate of Death by Natural Causes has been completed, it is NOT necessary for the Funeral Director to obtain a separate 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 Fanny Simon

by Louis Simon of 2157 Ocean Ave

who is the husband and the nearest surviving relative or next of kin of the deceased.

Name of permittee Gen. Menard Chapel Inc

Permit No. 2188

By Gen. Menard Chapel Inc

(Signature of licensed manager or funeral director if other than permittee.)

1538

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

Telephone Removal No. 16 granted by Dr. Jones

(Burial Clerk)

Date 10-14-44 Hour 8:15 (A.M.)

Gen. Menard Chapel Inc

(Funeral Director)

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