

not her

20122

## Certificate of Death

1944 Oct 15 AM 7 03

FANNIE

SIMON

Certificate No. 20122

1. NAME OF DECEASED  
(Print or Typewrite)

First Name

Middle Name

Last Name

Social Security Number

### PERSONAL PARTICULARS (To be filled in by Funeral Director)

2. USUAL RESIDENCE: (a) State.....

(c) City  
Town or  
Village

New York

(b) Co.

Queens

Ave.

(d) No.

159 Ocean Ave

St.

(If in rural area, give location)

42 yrs

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

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

MARRIED

4. WIFE  
HUSBAND

Louis

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

(c) City, Town  
or Village

Russia

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

U. S.

10. WAS DECEASED  
A WAR VETERAN?  
If so, NAME WAR

None

11. NAME OF  
FATHER OF  
DECEDENT

Barney Schwartz

12. BIRTHPLACE  
OF FATHER  
(State or country)

Russia

13. MAIDEN NAME  
OF MOTHER  
OF DECEDENT

Sarah Schwartz

14. BIRTHPLACE  
OF MOTHER  
(State or country)

Russia

15. SIGNATURE OF INFORMANT

Jacob Simon

RELATIONSHIP TO DECEASED

Son

ADDRESS

159 Ocean Ave

22. PLACE OF BURIAL  
OR CREMATION

Bayard, Long

DATE OF BURIAL  
OR CREMATION

Oct 15 - 1944

23. FUNERAL  
DIRECTOR

Miss Margaret Shapley

ADDRESS

41 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 SIMONwho died on Oct 14 1944 (Print Name of Decedent)

(Date of Death)

, at Beth El Hospital (Place of Death)

(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 reported to the Medical Examiner.

Date Oct 14 1944

was not \* one that should be

else to do

(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 Simonby Louis Simon of 2157 Ocean Ave  
who is the Ex-Groom Husband and the nearest surviving relative or next of kin of the deceased.

Name of permittee

Permit No. 2188By Louis Simon

1538

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

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

Telephone Removal No. 14granted by By phone

(Burial Clerk)

Date Oct 14 1944 Hour 8:15(A.M.)  
(P.M.)Zion Memorial Chapel Inc  
(Funeral Director)

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