

1 PLACE OF DEATH

BOROUGH OF BrooklynNo. 33 Bay 29thCharacter of premises,
whether tenement, private,
hotel, hospital or other place, etc. Private2 FULL NAME Augusta Wilzinski

STATE OF NEW YORK

Department of Health of The City of New York
BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

10647

Registered No.

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,

Wid.
MARRIED,
WIDOWED,
OR DIVORCED
(Write the Word)

15 DATE OF DEATH

May 16, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH

Feb. 10th, 1882
(Month) (Day) (Year)

7 AGE

85 yrs. 1 mos. 6 ds.

IF LESS than

1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work House-wife(b) General nature of industry,
business or establishment in
which employed (or employer)

9 BIRTHPLACE

(State or country)

Germany(9 A) How long in
U. S. (if of for-
eign birth) 52(9 B) How long resi-
dent in City
of New York 5210 NAME OF
FATHERHerman Fischer11 BIRTHPLACE
OF FATHER
(State or country)Germany12 MAIDEN NAME
OF MOTHERFederica Jeremia13 BIRTHPLACE
OF MOTHER
(State or country)Germany14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
usual residence }

16 I hereby certify that the foregoing particulars
(Nos. 1 to 14, inclusive) are correct as near as the
same can be ascertained, and I further certify that I
attended the deceased from May 1 1917,
to May 16th 1917, that I last saw
alive on the 16th day of May,
1917, that death occurred on the date stated above
at 2 A M., and that the cause of death was as
follows:

Pneumonia
Cerebral hemorrhage

duration yrs. mos. 16 ds.Contributory
(Secondary)

duration yrs. mos. ds.

Witness my hand this 16 day of May 1917.Signature Joseph Blinder M. D.Address 8669 Bay 24th St.

FILED

17 PLACE OF BURIAL

Bay Side
Fun. Home

DATE OF BURIAL

May 18, 1917ADDRESS 23 W. 126th St.

MAY 16 1917

NO MUTILATED CERTIFICATE WILL BE RECEIVED

TO PHYSICIANS

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him **forthwith** (Sanitary Code, Sections 33 and 90).

2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 218).

3. If a person dies from **criminal violence** or by a **casualty**, or **suddenly while in apparent health**, or when **unattended by a physician** or in **prison**, or in any **suspicious or unusual manner**, the case must be referred to the Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (Chapter 410, Section 1773, Laws of 1882).

4. Certificates **will be returned for additional information** which give any of the following diseases, without explanation, as the sole cause of death:

**Abortion,
Cellulitis,
Childbirth,
Convulsions,**

**Haemorrhage,
Gangrene,
Gastritis,
Erysipelas,**

**Meningitis,
Metritis,
Miscarriage,
Peritonitis,**

**Phlebitis,
Pyæmia,
Septicæmia,
Tetanus.**

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Coroner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "**Heart failure**," "**Dropsy**," or other **mere symptom** as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

6. **Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

TO UNDERTAKERS

1. No burial permit can be obtained without a proper certificate.

2. Certificates must be written throughout in black ink.

3. No certificate will be accepted which is **mutilated, illegible, inaccurate**, or any portion of which has been **erased, interlined, corrected or altered**, as all such changes impair its value as a public record.

I hereby certify that I have been employed as undertaker by Wm. D. John (NAME)
the Daughter (RELATIONSHIP) of deceased. This statement made to obtain a permit
for the burial or cremation of the remains of deceased. August Wilkowski
Signed David S. Thomas