

14 E-1910

## 1 PLACE OF DEATH

BOROUGH OF Brooklyn

No. 33 Bay 29<sup>th</sup>

Private

Character of premises,  
whether tenement, private,  
hotel, hospital or other place, etc.

2 FULL NAME Augusta Wilzinski

STATE OF NEW YORK

Department of Health of The City of New York  
BUREAU OF RECORDS  
STANDARD CERTIFICATE OF DEATH

St.

10647

Registered No.

NO MUTILATED CERTIFICATE WILL BE RECEIVED

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the Word)	15 DATE OF DEATH
Female	white	Wid.	May 16, 1917
6 DATE OF BIRTH		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 16, 1917, that I last saw alive on the 16 <sup>th</sup> 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:	
Feb. 10 <sup>th</sup> , 1832		(Month) (Day) (Year)	duration yrs. mcs. 16 ds.
7 AGE	17 IF LESS than 1 day, hrs. or min?		duration yrs. mcs. 16 ds.
85 yrs. 1 mos. 6 ds.			duration yrs. mcs. 16 ds.
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) How long in (A) U. S. (if of foreign birth)		52 (9) How long resident in City of New York	52
10 NAME OF FATHER Herman Ficker			
11 BIRTHPLACE OF FATHER (State or country) Germany			
12 MAIDEN NAME OF MOTHER Frederica Jemima			
13 BIRTHPLACE OF MOTHER (State or country) Germany			

14 Special INFORMATION required in deaths in hospitals and institutions  
and in deaths of non-residents and recent residents.

Former or usual residence }

FILED

MAY 16 1917

17 PLACE OF BURIAL May 16, 1917

18 ADDRESS 23 w. 125 st

DATE OF BURIAL	May 16, 1917
ADDRESS	23 w. 125 st

## 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:

<b>Abortion,</b>	<b>Haemorrhage,</b>	<b>Meningitis,</b>	<b>Phlebitis,</b>
<b>Cellulitis,</b>	<b>Gangrene,</b>	<b>Metritis,</b>	<b>Pyaemia,</b>
<b>Childbirth,</b>	<b>Gastritis,</b>	<b>Miscarriage,</b>	<b>Septicaemi</b>
<b>Convulsions,</b>	<b>Erysipelas,</b>	<b>Peritonitis,</b>	<b>Tetanus.</b>

(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 \_\_\_\_\_ (NAME)  
the \_\_\_\_\_ of deceased. This statement is made to obtain a permit  
(RELATIONSHIP) \_\_\_\_\_  
for the burial or cremation of the remains of deceased. \_\_\_\_\_