

CERTIFICATE AND RECORD OF DEATH

No. of Certificate,

19679

OF
Charles Simons

I hereby certify that I attended deceased from *May 31 1892* to *June 1 1892*,
that I last saw *him* live on the *1* day of *June* 1892, that *he* died on the
day of *June* 1892, about *2 1/2* o'clock A. M. or P. M., and that to best of my
knowledge and belief, the cause of *his* death was as hereunder written:

Chief Cause,

Meningitis (Simple)

Duration of Disease

6 days

Contributing Cause,

Bronchitis

Sanitary Observations,

Witness my hand this

day of *June* 1892

Place of Burial,

Calvary Cemetery

(SIGNATURE),

Date of Burial,

June 2, 1892

Undertaker,

J. J. J. J. J.

RESIDENCE,

Residence,

*328 E. 52**John Reuer* M. D.
574 Madison Ave

Burial permits issued at 301 Mott Street, Room 38, Week days, 7 A. M.-6 P. M. Sundays and Holidays, 8 A. M.-5 P. M.

Date of Death.	Full Name.	Age, in years, months, and days.	Color.	Single, Married or widowed.	Occupation.	Birthplace.	How long in U. S. if foreign born.	How long resident in New York City.	Father's Name.	Father's Birthplace.	Mother's Name.	Mother's Birthplace.	Place of Death.	Last place of Residence.	Class of Dwelling (A tenement being a house occupied by more than two families.)	Direct cause of Death.	Indirect cause of Death.	Date of Record.
<i>June 1 1892</i>	<i>Charles Simons</i>	<i>1 yr 4 mo 10 days</i>	<i>white</i>	<i>single</i>	<i>—</i>	<i>34 S. 26. 43 St. N.Y.C.</i>	<i>—</i>	<i>—</i>	<i>Carl Leile</i>	<i>Swiss</i>	<i>Janette Simons</i>	<i>N.Y. City</i>	<i>E. 187 St</i>	<i>11 E. 188 St</i>	<i>—</i>	<i>Meningitis (Simple)</i>	<i>Bronchitis</i>	<i>June 1 92</i>

NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES

MUNICIPAL ARCHIVES

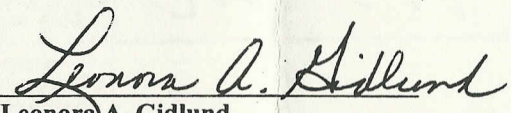
**31 Chambers Street
New York, N.Y. 10007**

This exact copy of a _____ certificate should not be accepted unless the raised seal of The Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.

In issuing this copy of the record, ~~the~~ Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.



**Eileen M. Flannelly
Commissioner, Department of Records**



**Leonora A. Gidlund
Director, Municipal Archives**



Department of
Records

MUNICIPAL ARCHIVES
31 Chambers Street, Room 103
New York, NY 10007
Tel: 311 or (212) NEW- YORK (out-side NYC)
www.nyc.gov/records

EXEMPLIFICATION OF BIRTH, DEATH, OR MARRIAGE RECORD

I, Leonora A. Gidlund, Director of the Municipal Archives Division of the New York City Department of Records and Information Services, a Department of the municipal corporation known as the City of New York, do hereby certify that the attached transcript of the certificate of _____ Birth ☒ Death _____ Marriage is a true copy of the original now on file in the Municipal Archives; that I have compared the said transcript with the original record, and that the same is a correct transcript of said original record and of the whole thereof; and that the seal thereon impressed is the official seal of the Department of Records and Information Services. I further hereby certify that I am the Director of the Municipal Archives Division of the New York City Department of Records and Information Services, where said certificate and record is on file; and that I am authorized to certify the said record in accordance with Section 552-2.0 of the *Administrative Code of the City of New York*.

The foregoing transcript is a true copy of said original record, identified as:

Certificate Number 19679 Year 1892

Place of _____ Birth ☒ Death _____ Marriage Manhattan

In witness whereof I have hereunto set my hand
and caused the seal of the Department of
Records and Information Services of the City of
New York to be affixed this 20 day of
May in the year 2013.

Leonora A. Gidlund

Signature