

BOROUGH OF Manhattan

STATE OF NEW YORK  
Department of Health of The City of New York  
BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH **3767**

Name of Institution Bellevue Hospital

Register No. \_\_\_\_\_

FULL NAME Florence Simons

3 SEX Female  
4 COLOR OR RACE White  
5 SINGLE, MARRIED, WIDOWED or DIVORCED Widowed  
(Write the word)

12 DATE OF DEATH January 30, 1929  
(Month) (Day) (Year)

6 DATE OF BIRTH \_\_\_\_\_  
7 AGE 41 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. or \_\_\_\_\_ mths.  
If LESS than 1 day, \_\_\_\_\_ hrs.

10 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on January 28, 1929, that I last saw him alive on the 30 day of Jan 1929 that he died on the 30 day of Jan 1929 at about 7:45 o'clock A.M. and that I am unable to state definitely the cause of death; the diagnosis during his last illness was: lobar pneumonia

8 OCCUPATION Housework  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business or establishment in which employed (or employer)

duration \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory (Secondary) duration \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Witness my hand this 31 day of Jan 1929  
Signature W. H. H. H. M.D.  
House 1345 Ave C

9 BIRTHPLACE (State or country) U. S. A.  
(A) How long in U. S. (if of foreign birth) Life (B) How long resident in City of New York Life

PARENTS OF DECEASED  
10 NAME OF FATHER John  
11 BIRTHPLACE OF FATHER (State or country) U. S. A.  
12 MAIDEN NAME OF MOTHER Harriett Bates  
13 BIRTHPLACE OF MOTHER (State or country) U. S. A.

17 I hereby certify that I have this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.  
Former or usual residence } 410 East 72 St. N.Y.C.  
Where was disease contracted, if not at place of death?

Signature \_\_\_\_\_ M. D.  
Pathologist \_\_\_\_\_ Hospital \_\_\_\_\_



18 PLACE OF BURIAL Cabary Cemetery  
19 UNDERTAKER John J. Madden, Inc.  
Thomas J. Conboy, Atty

DATE OF BURIAL Feb 1, 1929  
ADDRESS 121 E 106 St.

Part of research so find Joseph B. Simons.  
This turned out NOT to be his wife.  
CS 9-17-15

## 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 by **suicide**, or **suddenly while in apparent health**, or when **unattended by a physician** or in **prison**, or in any **suspicious or unusual manner**, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Law 1915, Chapter 284, Section 2. In effect January 1, 1918.)

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

Abortion,	Hemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Jaundice,
Childbirth,	Gastritis,	Miscarriage,	Septicæmia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. 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, Composer, 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 Andrew McKee (NAME)  
 the Wife (RELATIONSHIP) of deceased. This statement is made to obtain a permit  
 for the burial or cremation of the remains of deceased Florence Simons

Signature

John J. Madden, Inc.  
Thomas J. Curley, Atty.