

**CERTIFICATE AND RECORD OF DEATH**

**28213**

*Flanna Hart*

I hereby certify that I attended deceased from *May 1<sup>st</sup>* 1902, to *Sept 26<sup>th</sup>* 1902  
that I last saw *her* alive on the *26<sup>th</sup>* day of *Sept* 1902, that *she* died on the  
*26<sup>th</sup>* day of *Sept* 1902, about *12<sup>th</sup>* o'clock A. M. or P. M., and that to best of my  
knowledge and belief, the cause of *her* death was as hereunder written. (If under one year old, state how fed.)

*Peteris. Gall stomis,*  
*Haematemesis, Old Age*

SEE RULES ON THE OTHER SIDE.

Witness my hand this *24<sup>th</sup>* day of *Sept* 1902

Place of Burial, *Bay Side* (SIGNATURE), *Merv N. Co* M. D.  
Date of Burial, *Sept 28<sup>th</sup> 1902*  
Undertaker, *Samuel Nathan* RESIDENCE,  
Residence, *138 West 98<sup>th</sup> St N.Y.C. 10.3 N 55<sup>th</sup>*

Date of Death.	September 26 <sup>th</sup> 1902
Full Name.	Flanna Hart
Age, in Years, months, and days.	89 years
Color.	white
Single, Married or Widowed.	Widow
Occupation.	None
Birthplace.	Germany
How long in U. S. if foreign born.	53 years
How long resident in City of New York.	27 years
Father's Name.	Wolf Rosenfeld
Father's Birthplace.	Germany
Mother's Name.	Flanna Rosenfeld
Mother's Birthplace.	Germany
Place of Death, Street and No.	HOME FOR AGED AND INFIRM HEBREWS
Last place of Residence.	" " " "
Class of Dwelling (A house being a house occupied by more than two families.)	Institution.
Direct cause of Death.	Peteris. Gall stomis,
Indirect cause of Death.	Haematemesis. Old Age.



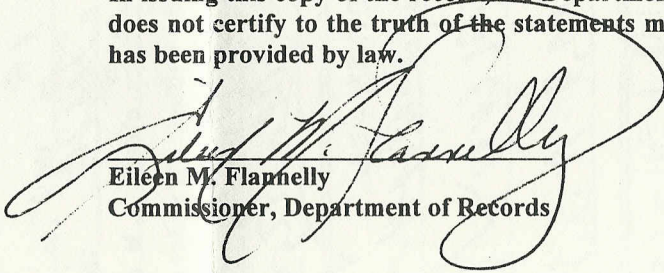
**NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES**

**MUNICIPAL ARCHIVES**

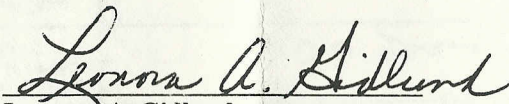
**31 Chambers Street  
New York, N.Y. 10007**

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](http://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 28213 Year 1902

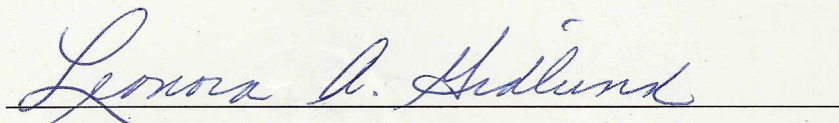
Place of \_\_\_\_\_ Birth ☒ Death \_\_\_\_\_ Marriage Manhattan

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 23 day of

May in the year 2013.

  
Signature