

NOT HIM

DEPARTMENT OF HEALTH
BOARD OF QUEENS

Certificate of Death

7822

Certificate No.

FILED

1942 OCT 26 AM 9 19

1. NAME OF DECEASED: **JAMES L. SIMON** 069-01-0352
(Print or Type-write) First Name Middle Name Last Name Social Security Number

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State **NEW YORK**
(b) Co. **Queens** (c) City, Town or Village **St. ALBANS**
(d) No. **117-40 229** Ave. St.
(e) Length of residence or stay in City of New York immediately prior to death **24 YEARS**
(If in rural area, give location)

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

4 WIFE **BERTHA M. HORN**
HUSBAND (Month) (Day) (Year)

5 DATE OF BIRTH OF DECEASED **OCTOBER 12 1881**
(Month) (Day) (Year)

6 AGE **60 yrs. 0 mos. 12 days** If LESS than 1 day, hrs. or min.

7 OCCUPATION
A Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. **ACCOUNTANT**
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. **PATHE NEWS**

8 BIRTHPLACE OF DECEASED: (a) State or Country **PENNSYLVANIA**
(b) County **DALLASTOWN**
(c) City, Town or Village

9 OF WHAT COUNTRY WAS DECEASED A CITIZEN AT TIME OF DEATH? **U. S.**

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR **NO N2**

11 NAME OF FATHER OF DECEASED **MARTIN SIMON**

12 BIRTHPLACE OF FATHER (State or country) **U. S.**

13 MOTHER NAME OF DECEASED **CAROLINE WAKEMAN**

14 BIRTHPLACE OF MOTHER (State or country) **U. S.**

15 SIGNATURE OF INFORMANT **Bertha Simon** RELATIONSHIP TO DECEASED **wife**

22 PLACE OF BURIAL OR CREMATION **St. MARYS CEMETARY**

23 FUNERAL DIRECTOR **William Schaffner** ADDRESS **114 So Metropolitan Ave**

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

16 PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough **Queens**
(c) Name of Hospital or Institution **117-40 229th Street**
(If not in hospital or institution, give street and number.)
(d) Length of stay at place of death immediately prior to death **4**

17 DATE AND HOUR OF DEATH **OCTOBER 24 1942 9 A. M.**
(Month) (Day) (Year) (Hour)

18 SEX **MALE** 19 COLOR OR RACE **WHITE** 20 Approximate Age **60 yrs.**

21 I HEREBY CERTIFY that (I attended the deceased) (a staff physician of this institution attended the deceased) from **Sept. 10 1934** to **OCT. 24 1942** and last saw h.v.m. alive at **9 P.M. on OCT. 23, 1942**

Statement of cause of death is based on (autopsy) (examination) (laboratory test) (clinical findings) (Cross out terms that do not apply) Principal cause of death **CORONARY THROMBOSIS 10-24-42**

Contributory causes and other conditions **CORONARY SCLEROSIS 9-10-39**

Autopsy: Date of (If none, so state) Operation: Date of (If none, so state)

Condition for which performed:

Signature **Rubin Solomon** M. D.

Address **36-26 Springfield Rd** Date **10-24-42**

ADDRESS **117-40 229th St.**

DATE OF BURIAL OR CREMATION **OCTOBER 28, 1942**

PERMIT NUMBER **784**

BUREAU OF VITAL RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

PHYSICIAN'S SUPPLEMENTARY CERTIFICATE OF DEATH BY NATURAL CAUSES

(Required in connection with Telephone Application for Removal Permit.)

CAUTION TO PHYSICIANS: BEFORE SIGNING, READ THIS ENTIRE STATEMENT CAREFULLY.

I hereby certify that the death of JAMES L. SIMON
(Print Name of Decedent)
who died on 10-24-42 at 117-40 229th Street
(Date of Death) (Place of Death)
was not CAUSED DIRECTLY OR INDIRECTLY, BY ACCIDENT OF ANY
KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN ANY
SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person was not one that should be
reported to the Medical Examiner.

Date 10-24-42 Rubin Salomon
(Personal Signature of Physician)

* The physician will personally complete this certification by inserting the words "was not" in each of these spaces.

IMPORTANT NOTE TO PHYSICIAN

Section 878-1.0 of the Administrative Code for the City of New York provides that the death of any person from criminal violence, by a casualty, by suicide, suddenly while in apparent health, when unattended by a physician, or in any suspicious or unusual manner, shall be reported forthwith to the Office of the Chief Medical Examiner. Only the Medical Examiner may issue a death certificate in such cases.

FAILURE TO REPORT TO THE MEDICAL EXAMINER IS A MISDEMEANOR.

TO FUNERAL DIRECTORS

Regulation 3, Section 46 of the Sanitary Code, provides that—"No permit to remove, ship, cremate or bury the remains . . . will be issued unless the funeral director applying for such permit shall sign his name . . . and shall certify in writing that he has been employed by the nearest surviving relative . . . next of kin."

Removal of bodies prohibited without permit. The regulations of the Board of Health prohibit the removal of the body of a human being, who died in the City of New York, unless a permit therefor has been obtained from the Department of Health, except when such removal is ordered in connection with an investigation conducted by the Office of the Chief Medical Examiner, a District Attorney or the Police Department.

Permission to remove dead bodies granted by telephone. In keeping with these regulations, the Department of Health will grant to Funeral Directors by telephone, permission for the removal of a body to a home or funeral chapel in the city, provided the application is made by a licensed Funeral Director who has the certificate of death in his possession at the time of telephoning. Such permission may be granted by the burial permit clerk in Manhattan when the office in the borough in which the death occurred, is closed. Removal of a body before obtaining permission may be penalized by suspension of telephone removal privilege, by court action, or by revocation of business permit. If the above Physician's Supplementary Certificate of Death by Natural Causes has been completed, it is NOT necessary for the Funeral Director to obtain a separate supplementary certification—Form 113-H.

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person to dispose of the remains of James L. Simon

by Mrs. Bertha Simon of 117-40 229th St.
who is the Wife and the nearest surviving relative or next of kin of the deceased

Name of permittee William Schaffner Permit No. 784

By _____
(Signature of licensed manager or funeral director if other than permittee.)

Must Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone

Telephone Removal No. _____ granted by _____ (Burial Clerk)
Date _____ Hour _____ (A.M.) _____ (P.M.)
(Funeral Director)

Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.