

DEPARTMENT OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF QUEENS

NOT HIM
Certificate of Death

7802

Certificate No.

FILED

1942 OCT 26 AM 9 19

1. NAME OF DECEASED JAMES

First Name

Middle Name

L. SIMON

Last Name

069-01-0352

Social Security Number

PERSONAL PARTICULARS
(To be filled in by Funeral Director)

MEDICAL CERTIFICATE OF DEATH

(To be filled in by the Physician)

2 USUAL RESIDENCE: (a) State NEW YORK

(c) City,
Town or
Village ST. ALBANS

Ave.
St.

(b) Co. QUEENS

(d) No. 117-40 229

(If in rural area, give location)

(e) Length of residence or stay in City of New York immediately prior to death 24 YEARS

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

4 WIFE
HUSBAND } of BERTHA M. HORN

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

6 AGE 60 yrs. 0 mos. 17 days

11 LESS than 1 day.

hrs. or
min.

7 OCCUPATION A Trade, profession, or particular kind of work done, as spinner, lawyer, 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 DECEDENT: (a) State or Country PENNSYLVANIA

(c) City, Town or Village DALLASTOWN

(b) County

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

10 WAS DECEDENT A WAR VETERAN?
IF SO, NAME WAR NONE

11 NAME OF FATHER OF DECEDENT MARTIN SIMON

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

13 MAIDEN NAME OF MOTHER OF DECEDENT CAROLINE NAKEMAN

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

15 SIGNATURE OF INFORMANT Bertha Simon

RELATIONSHIP TO DECEASED

wife

ADDRESS

22 PLACE OF BURIAL OR CREMATION St. MARY'S CEMETERY

DATE OF BURIAL OR CREMATION

October 28, 1942

23 FUNERAL DIRECTOR

ADDRESS

Frances Schaffner

114-50 Metropolitan Ave.

28K

PERMIT NUMBER

CITY OF NEW YORK

BUREAU OF VITAL RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

1942 OCT 26 AM 9 19

1

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**

(Date of Death)

at... **117-40 229th Street**

(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 Salom

(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 remains . . . will be issued unless the funeral director applying for such permit certifies in writing that he has been employed by the nearest surviving relative

to remove, ship, cremate or bury the body . . . it shall sign his name . . . and shall 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 Street**

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.