

BUREAU OF RECORDS

CERTIFICATE OF DEATH

DECEASED PERSON

PLACE OF DEATH: BOROUGH OF Brooklyn

Kings County Hospital Address: 451 Clarkson Avenue

Certificate No. 100-1000

4 FULL NAME (PRINT)	Elizabeth	Simon
First Name	Middle Name	Last Name
5 RELATE TO: (Check place of death) If "Other", give place and State) No. 1032 Flatbush Ave.	Borough of Brooklyn, N.Y.	

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
4 SEX	5 COLOR OR RACE	6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Mark the word)	12 DATE OF DEATH (Month)	13 DATE OF DEATH (Month)	14 Year
Female	White	Widowed	November	November	1939
6A WIFE	6B HUSBAND	6C CHILDREN	15 I hereby certify that deceased was similar to this individual on November 12th, 1939, in every particular in which I knew her, and I also know her to be on the 13th day of November 1939, that she died on the 13th day of November 1939, about 8-10 A.M. at 451 Clarkson Avenue		
7 DATE OF DEATH	8 PREDECESSOR	9 OCCUPATION	16 The principal cause of death and related causes of importance were as follows:		
1939	Mark Simon	Housewife	<i>Arteriosclerotic Heart Disease</i>		
10 BIRTHPLACE	11 PARENTS	12 How long resident in City of New York	17 Other contributory causes of importance:		
U.S. (New York)	Harry Hershfield	Life	<i>Diabetes</i>		
13 MARRIED	14 CHILDREN	15 Date of last worked at	18 What test confirmed diagnosis?		
1939	Fredericka Hershfield	Oct 1939	19 Name of operation:		
16 MOTHER	17 FATHER	20 Date of death	21 Was there an autopsy?		
Germany	Germany	1939	22 Signature: <i>Elizabeth</i> M. D.		
18 BROTHERS	19 SISTERS	23 Pathologist's Report	24		
20 SONS	21 DAUGHTERS	25			
22 DAUGHTERS	23 SONS	26			
24 MOTHER	25 FATHER	27			
26 BROTHERS	27 SISTERS	28			
28 SONS	29 DAUGHTERS	30			
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32 MOTHER	33 FATHER	34			
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36 SONS	37 DAUGHTERS	38			
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40 MOTHER	41 FATHER	42			
42 BROTHERS	43 SISTERS	44			
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48 MOTHER	49 FATHER	50			
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62 DAUGHTERS	63 SONS	64			
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66 BROTHERS	67 SISTERS	68			
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80 MOTHER	81 FATHER	82			
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568 MOTHER	569 FATHER	570			
570 BROTHERS	571 SISTERS	572			
572 SONS	573 DAUGHTERS	574			
574 DAUGHTERS	575 SONS	576			
576 MOTHER	577 FATHER	578			

TO FUNERAL DIRECTORS

Regulation 5, 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 or next of kin."

Caskets containing bodies of persons dead from certain communicable diseases must be permanently sealed before removal from the place of death. Section 103 of the Sanitary Code of the Board of Health requires that every undertaker engaged for or in charge of the preparation and burial of the body of a person who died in the City of New York from any of the following diseases: Asiatic Cholera, Diphtheria, bubonic plague, acute anterior poliomyelitis (poliomyelitis paralyticus), scarlet fever (scarlatina) and smallpox (variola)—shall immediately place the body in a coffin or casket and permanently close and seal it with seals provided for the purpose by the Department of Health.

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 in a home or funeral chapel, provided the application is made by a licensed undertaker who has in his possession at the time of telephoning the following documents: (a) the certificate of death; and (b) the physician's supplementary certificate.

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, as undertaker to dispose of the remains of Elizabeth Simon by Firella Wolf of 1237 Flatbush Ave who is the daughter and the nearest surviving relative or next of kin of the deceased. (Relationship)

This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.
(Signature) Jeffre Funeral Home Business Address 452 24th Ave Permit No. 3136

If another undertaker in your employ is to take personal charge of the work in the care, preparation, or other disposition of such dead human body, give his name. Orvin Jeffre State License No. 517

PHYSICIAN'S SUPPLEMENTARY CERTIFICATION

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

DEATHS THAT ARE EVEN REMOTELY ASSOCIATED WITH AN EARLIER ACCIDENT, MUST BE REFERRED TO THE MEDICAL EXAMINER.

If death has not been contributed to or caused by homicide, suicide, accident, acute or chronic poisoning, abortion, puerperal sepsis, or any suspicion of those conditions, and the funeral director desires to obtain removal permission by telephone, the physician will execute the following certification:

I hereby certify that the death of Elizabeth Simon (Print Name of Decedent)

who died on November 13th 1939 at Kings County Hospital (Place of Death)

has not been contributed to or caused by any of the conditions mentioned in the above list.

(Personal Signature of Physician) MD, Address Kings County Hospital

TO BE FILLED IN BY THE FUNERAL DIRECTOR

Date 11/13/39 Hour 3 (P.M.)

Telephone Removal No. 244 granted by Karen S. J. (Burial Clerk)

Jeffre Funeral Home Undertaker