

CERTIFICATE OF DEATH

PLACE OF DEATH: BOROUGH OF Brooklyn Certificate No. 29518
Kings County Hospital Address 451 Clarkson Avenue

FULL NAME (PRINT) Elizabeth Simon
 First Name Elizabeth Middle Name Simon Last Name Simon
 RESIDENCE (No. and place of abode) 1032 Flatbush Ave. St. Brooklyn
 (Give State and State) No. St. Borough of Brooklyn

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1 SEX Female	2 COLOR OR RACE White	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed		12 DATE OF DEATH (Month) (Day) (Year) November 13th 1939	
4a WIFE of Mark Simon				19 I hereby certify that deceased was admitted to this institution on November 12th 1939 and that I last saw her alive on the 13th day of November 1939 , that she died on the 13th day of November 1939 , about 8-10 o'clock A.M. or P.M. The principal cause of death and related causes of importance were as follows: <u>Arteriosclerotic Heart Disease</u> <u>Coronary Arteriosclerosis</u> <u>Hypertension</u> Other contributory causes of importance: _____ _____ _____ What test confirmed diagnosis? Name of operation: Date: _____ Was there an autopsy? Signature: <u>Plutner</u> M.D. 20 Pathologist's Report <u>NONE</u>	
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21 PLACE OF BURIAL Wm. Carmel Cemetery DATE OF BURIAL Nov 15, 1939
 22 UNDERTAKER Jeffer Funeral Home ADDRESS 452 1st Ave.
 BUREAU OF RECORDS DEPARTMENT OF HEALTH CITY OF NEW YORK

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 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 (infantile paralysis), 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 move 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, 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 certification.

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 Mrs. Wolf of 1232 Flathush Ave who is the daughter and the nearest surviving relative or next of kin of the deceased.

This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

Signature) Jefferson Funeral Home Business Address 452 W. 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. John Jeffers State License No. 817

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 (Date of Death) at Kings County Hospital (Place of Death)

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

Johnson, MD (Physician's Signature of Physician), Address Kings County Hospital

TO BE FILLED IN BY THE FUNERAL DIRECTOR

Date 11/13/39 Hour 3:05 (P.M.)

Telephone Removal No. 24 granted by Jefferson Funeral Home (Burial Clerk)

Undertaker