

1 PLACE OF DEATH

STATE OF NEW YORK

# Department of Health of The City of New York

## BUREAU OF RECORDS

### CERTIFICATE OF DEATH

BOROUGH OF

*Brooklyn*No. *241 Reid St* St.

Character of premises, (If institution, state name)

whether tenement, private, hotel, hospital or other place, etc. *tenement*Registered No. *11684*

\* FULL NAME

*Max Simon*

1 SEX <i>Male</i>	2 COLOR OR RACE <i>White</i>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Married</i>	15 DATE OF DEATH <i>May 31</i> , 191 <i>6</i> (Month) (Day) (Year)
4 DATE OF BIRTH _____ (Month) (Day) (Year)			<p>16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that I have this <i>1</i> day of <i>June</i> 191<i>6</i>, taken charge of the body of deceased found at <i>Unfue</i> and that an inquest thereon is pending.</p> <p><i>Frederick J. ...</i> Coroner.</p> <p>17 I hereby certify that I have viewed said body and from <i>Autopsy</i> and evidence, that <i>he</i> died on the <i>31</i> day of <i>May</i> 191<i>6</i>, at <i>M.</i>, and that the chief and determining cause of <i>h.s.</i> death was <i>Coronary Arterio-sclerosis</i> <i>ch. interstitial nephritis</i> that the contributory causes were _____</p>
5 AGE <i>62</i> yrs. <i>-</i> mos. <i>-</i> da. If LESS than 1 day, hrs. or min.?			
6 OCCUPATION (a) Trade, profession, or particular kind of work <i>clerk</i> (b) General nature of industry, business or establishment in which employed (or employer)			
7 BIRTHPLACE (State or country) <i>U.S.</i>			
8 How long in U.S. (If foreign birth)		(9) How long resident in City of New York <i>14</i>	
10 NAME OF FATHER <i>Max Simon</i>			
11 BIRTHPLACE OF FATHER (State or country) <i>U.S.</i>			
12 M.A.I.DEN NAME OF MOTHER <i>Henriette Wilzink</i>			
13 BIRTHPLACE OF MOTHER (State or country) <i>U.S.</i>			
14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents. Former or actual residence <i>662 Sunnyside</i>			
<p>18 PLACE OF BURIAL <i>McCarmel Cem</i></p> <p>19 UNDERTAKER <i>Wm. L. Loring</i></p> <p>DATE OF BURIAL <i>June 4th</i>, 191<i>6</i></p> <p>ADDRESS <i>1202 Bway</i></p>			

FILED

Charles Munt  
Coroner's Physician.



13527  
10/2/10  
6/2/10

## TO CORONERS AND CORONERS' PHYSICIANS.

The Department of Health may, from time to time, fix and define the time of making, and the form of returns and reports to be made to said department by the coroners of The City of New York, in all cases of post-mortem inquests, or viewing of dead bodies held by them or any of them; and the said coroners are hereby required to conform to the directions of said department in the premises, and it shall be the duty of every coroner at once, and before holding any inquest, upon being called upon to hold an inquest as aforesaid, or notified thereof, to immediately transmit and cause to be delivered to the secretary of said Department of Health, written notice of the fact of such call, in which shall be stated every particular then known to said coroner as to said call, the body, the place where it is and the reported cause of death. If at any time said department, or the sanitary superintendent, shall deem the protection of the public health to demand, it may, as soon as the coroner's jury or physician may have viewed the dead body, and an autopsy thereof shall have been made, provided the coroner deems the same necessary, order the immediate burial of any dead body, or if he or it deems that the public health demands an immediate removal of said body from the place of death to another place for inquest, may likewise, at any time, order said removal, and shall have power to cause said orders to be obeyed and executed.—Sec. 1203, Chap. 466, Laws 1901.

## TO UNDERTAKERS.

1. No burial permit can be obtained without a proper certificate.
2. Certificates must be written throughout in black ink.
3. No certificate will be accepted which is mutilated, illegible, inaccurate, or any portion of which has been erased, interlined, corrected or altered, as all such changes impair its value as a public record.

I hereby certify that I have been employed as undertaker by Elizabeth Simon  
(NAME)  
the Widow of deceased. This statement is made to obtain a permit for  
(RELATIONSHIP)  
burial or cremation of the remains of deceased. Mar Simon

Signature Mark Livingston  
Simon

UNDERTAKER'S ADDRESS

POSTER OF DEATH CERTIFICATE