

1 PLACE OF DEATH

BOROUGH OF

Brooklyn

STATE OF NEW YORK

Department of Health of The City of New York
BUREAU OF RECORDS
CERTIFICATE OF DEATH

No.

St.

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.

(If institution, state name)

11684
Registered No.

Tenement

*FULL NAME

Max Simon

SEX

COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Male White

15 DATE OF DEATH

May 31, 1916
(Month) (Day) (Year)

DATE OF BIRTH

—
(Month) (Day) (Year)

AGE

62 yrs. — mes. — ds.

If LESS than
1 day, hrs.
or min.?

OCCUPATION

(a) Trade, profession, or
particular kind of work

clerk

(b) General nature of industry,
business or establishment in
which employed (or employer)BIRTHPLACE
(State or country)

U. S.

9) How long in
U. S. (if of for-
eign birth)(B) How long resi-
dent in City
of New York10 NAME OF
FATHER

Max Simon

11 BIRTHPLACE
OF FATHER
(State or country)

U.S.

12 MAIDEN NAME
OF MOTHER

Frances Wilzak

13 BIRTHPLACE
OF MOTHER
(State or country)

U.S.

14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
last residence

662 Quincy St

FILED

16 PLACE OF BURIAL

Mt. Carmel Cem.

DATE OF BURIAL

June 4th, 1916

19 UNDERTAKER

Mortg. Loring

ADDRESS

1202 Bay

Charles Meek

Coroner's Physician.

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 1 day of June 1916, taken charge of the body of deceased found at Kenfue and that an inquest thereon is pending.

17 I hereby certify that I have viewed said body and from autopsy and evidence, that he died on the 31 day of May 1916, at M., and that the chief and determining cause of his death was Coronary Atherosclerosis.

Ch. interstitial nephritis
that the contributory causes were

DATE OF BURIAL

June 4th, 1916

ADDRESS

1202 Bay

13527
Copy
6/2/11

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

Wadaw
(RELATIONSHIP)

of deceased. This statement is made to obtain a permit for

burial or cremation of the remains of deceased.

Signature

Mark Simon
Mark Grunig
John Simon

UNDERTAKER'S ADDRESS

FORMER OR FUTURE RESIDENCE