

CERTIFICATE OF DEATH

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING

1 PLACE OF DEATH
BOROUGH OF Queens
No. 90-06-217th Street Ave.
Character of premises,
whether tenement, private,
hotel, etc. private St.

CERTIFICATE NO. 7996

2 PRINT FULL NAME
First Name MAX Middle Name SIMON Last Name MAN
3 Residence (usual place of abode)
(If nonresident, give place and State) No. 90-06-217th Ave.
St. Borough of Man

7996

PERSONAL AND STATISTICAL PARTICULARS

4 SEX	5 COLOR OR RACE	6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married
7A WIFE HUSBAND OF		<u>Lorraine Simon</u>
7 DATE OF BIRTH OF DECEASED		<u>Feb. 22 1888</u>
8 AGE OF DECEASED		If LESS than <u>78 yrs 9 mos 7 da.</u> 1 day, <u>hrs.</u> or <u>min.?</u>
9 OCCUPATION		
<p>A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>machinist</u></p> <p>B Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Tool & Dye Maker</u></p> <p>C Date deceased last worked at this occupation (month and year)</p>		
D Total time (years) spent in this occupation.		

10 BIRTHPLACE (State or country) Germany
11 How long in U. S. (if of foreign birth) 58 yrs 12 How long resident in City of New York 58 yrs
13 NAME OF FATHER OF DECEASED Michael Simon
14 BIRTHPLACE OF FATHER OF DECEASED (State or country) Germany
15 MAIDEN NAME OF MOTHER OF DECEASED Marie Louise Haagen
16 BIRTHPLACE OF MOTHER OF DECEASED (State or country) Germany

17 INFORMANT Lorraine Simon

FILED 10-10-36 21 PLACE OF BURIAL Cypress Hills Abbey
22 UNDERTAKER M. Michael Eickert

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 29, 1936
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 1933, to Nov. 29, 1936
I last saw him alive on Nov. 29, 1936; death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows: Duration

<u>Pulmonary Edema</u>	<u>4 day</u>
<u>Avascular Osteolysis</u>	<u>6 yrs</u>
<u>Chronic Intestinal</u>	<u>6 yrs</u>
<u>Neoplastic</u>	

Other contributory causes of importance:

<u>Chronic Intestinal</u>	<u>6 yrs</u>
<u>Neoplastic</u>	

Name of operation _____ Date _____

What test confirmed diagnosis? Physical Examination

Signature Qurn Meister M. D.

Address 109-35-201 St

DATE OF BURIAL Nov 29, 1936
ADDRESS 703 Bushwick Ave

NOT HIM
9-16-15

7995

TO PHYSICIANS

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him **forthwith** (Sanitary Code, Sections 33 and 90).

2. All physicians practicing in The City of New York (including those in public institutions) must be registered in the Bureau of Records (Sanitary Code, Section 218).

3. If a person dies from **criminal violence** or by a **casualty** or by **suicide**, or **suddenly** while in apparent health, or when **unattended by a physician or in prison**, or in any **suspicious** or **unusual manner**, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Hemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyaemia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
Convulsions,	Erysipelas,	Peritonitis,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Medical Examiner. If it is not, the certificate should make that fact plain.)

5. No certificate giving "**Heart failure**," "**Dropsey**," or other **mere symptom** as the sole cause of death will be accepted, unless accompanied by a satisfactory written explanation.

6. **Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

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, without any solicitation on my part or that of any other person, as undertaker by Laurel L. Denon
(NAME AND ADDRESS)

the Wife (RELATIONSHIP) of deceased. This statement is made to obtain a permit

for the burial or cremation of the remains of deceased

Signature

May Denon
Williams Dehart