

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
Borough of Richmond

CERTIFICATE OF DEATH

1938 JUN 20 PM 2 33

1 PLACE OF DEATH

BOROUGH OF Richmond

Name of Institution U.S. Marine Hospital #21 Address Stapleton, Staten Island

2 PRINT FULL NAME WILLIAM H. SIMONS

First Name

Middle Name

Last Name

3 Residence (usual place of abode)
(If nonresident, give place and State) No. 425 East 15th St. Ave. St. Borough of Bronx

PERSONAL AND STATISTICAL PARTICULARS

4 SEX male 5 COLOR OR RACE white 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

6A WIFE HUSBAND } OF Mrs. N. H. Simons

7 DATE OF BIRTH OF DECEASED July 14 1876 (Month) (Day) (Year)

8 AGE 61 yrs. 11 mos. 5 ds. If LESS than 1 day, ___ hrs. or ___ min.?

9 OCCUPATION A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain of Ferry boat
B Industry or business in which work was done, as silk mill, sawmill, bank, etc. Captain of Ferry boat Captain
C Date deceased last worked at this occupation (month and year) 4-19-38 D Total time (years) spent in this occupation 17 yrs

10 BIRTHPLACE (State or country) New York

11 How long in U. S. (if of foreign birth) 47 yrs

12 How long resident in City of New York 47 yrs

13 NAME OF FATHER OF DECEASED James Simons

14 BIRTHPLACE OF FATHER (State or country) New York

15 MAIDEN NAME OF MOTHER OF DECEASED Catherine Murphy

16 BIRTHPLACE OF MOTHER (State or country) New York

17 INFORMANT Alfred F. Friesel

21 PLACE OF BURIAL Ferncliff Cemetery

22 UNDERTAKER Alfred F. Friesel # 434

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

Certificate No. 1164

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 19 1938

(Month) (Day) (Year)

19 I hereby certify that deceased was admitted to this institution on May 19 1938, that I last saw him alive on the 19 day of June 1938, that he died on the 19 day of June 1938, about 3:30 o'clock A.M. or P.M.

The principal cause of death and related causes of importance were as follows: Pneumonia (hypostatic), acute uremia, left hemiplegia DURATION 1 month

Other contributory causes of importance:

Diabetes mellitus
Tics tertians

Name of operator _____ Date _____

What test confirmed diagnosis? Urinalysis Was there an autopsy? Yes

Signature M. D.

20 Pathologist's Report (See Over)

Cause of death
Cerebral hemorrhage
Exacerbated arteriosclerosis

Signature M. D.

DATE OF BURIAL

ADDRESS

June 22 1938

666 E. 161st St.

CITY OF NEW YORK

NOT Him

CS 9-17-15

TO PATHOLOGISTS

To assist the Department of Health in the proper classification of this death by cause, please add to your statement of findings a note concerning any of the clinical diagnoses, which were not confirmed at autopsy.

TO PHYSICIANS

5:5 PM IS JUL 831

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 of 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," "Dropsy," or other **more symptoms** 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 **defaced, 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 herein by Charlotte Signors

of 425 E 157 st who is the next of kin (relationship) 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)

Business Address

Permit Number (Undertaker's)

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 and State License number.