

BUREAU OF RECORDS  
DEPARTMENT OF HEALTH  
CITY OF NEW YORK

CERTIFICATE OF DEATH

038 JUN 20 PM 2 33  
1 PLACE OF DEATH

Certificate No. 1164

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 157 St.

Ave.

St.

Borough of Bronx

PERSONAL AND STATISTICAL PARTICULARS

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

6A WIFE HUSBAND OF Mrs. W. H. Simons

7 DATE OF BIRTH OF DECEDENT 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  
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) 12 How long resident in City of New York 47 yrs

PARENTS OF DECEASED  
13 NAME OF FATHER OF DECEDENT James Simons  
14 BIRTHPLACE OF FATHER (State or country) New York  
15 MAIDEN NAME OF MOTHER OF DECEDENT Catherine Murphy  
16 BIRTHPLACE OF MOTHER (State or country) New York

17 INFORMANT

21 PLACE OF BURIAL Ferncliff Cemetery

22 UNDERTAKER Alfred F. Griesel 454

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 9 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: DURATION  
Pneumonia (hypostatic), Acute uremia, Left hemiplegia 1 month

Other contributory causes of importance:  
Diabetes mellitus  
Dysc. tertiary

Name of operation Date

What test confirmed diagnosis? Urine. Was there an autopsy? Yes  
Signature M. D.

20 Pathologist's Report (See Over)  
Signature M. D.

DATE OF BURIAL June 22 1938  
ADDRESS 666 E. 161 St.

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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

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,  
Cellulitis,  
Childbirth,  
Convulsions,

Hemorrhage,  
Gangrene,  
Gastritis,  
Erysipelas,

Meningitis,  
Metritis,  
Miscarriage,  
Peritonitis,

Phlebitis,  
Pyæmia,  
Septicæmia,  
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 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, Composer, 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 herein by B. Charlotte Simon of #425 E. 157 St. who is the Wife (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.

6/19/38  
2:15 p.m.  
Dr. J. J. J.  
Alfred J. Grunel

5-7414  
6-20-38

5-74837  
6-5-38