

NOT HIM

1 PLACE OF DEATH

2 BOROUGH OF Manhattan

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

Name of Institution Metropolitan Hospital, 161

Register No. 1589

FULL NAME William Simon

3 SEX

Male

4 COLOR or RACE

Black

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

6 DATE OF BIRTH

7 AGE

47 yrs. 7 mos. 4 ds. 1 (Year) 1925
If LESS than 1 day, hrs. or min.

8 OCCUPATION

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

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

9 BIRTHPLACE (State or country)

United States

(1) How long in N. Y. (at or foreign birth)

Life

(2) How long resident in City of New York

23 years

10 NAME OF FATHER

Benjamin

11 BIRTHPLACE OF FATHER (State or country)

United States

12 MAIDEN NAME OF MOTHER

Maria

13 BIRTHPLACE OF MOTHER (State or country)

United States

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or Usual Residence 224 West 64 St.

Where was disease contracted, if not at place of death?

15 DATE OF DEATH

January 13 1925
(Month) (Day) (Year)

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 deceased was admitted to this institution on December 13 1924 that I last saw him alive on the 13 day of Jan 1925, that he died on the 13 day of Jan 1925, about 2:30 o'clock A. M. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

Pharyngeal Cancer
duration yrs. mos.

Contributory (Secondary)

duration 13 days of Jan 1925

Witness my hand this 13 day of Jan 1925

Signature George A. Seymour

House 10 hypocoen

I hereby certify that I have performed the duties upon the body of said deceased, and that the cause of death was as follows:

Signature _____ M. D.

Pathologist _____ Hospital

FILED

JAN 15 1925

18 PLACE OF BURIAL

Maple Grove

19 UNDERTAKER

Geo A Seymour

DATE OF BURIAL

Jan 16 1925

ADDRESS

223 W 62 St

465447-1

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 13 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,	Pyæmia,
Childbirth,	Gastritis,	Miscarriage,	Septicæmia,
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 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, Carpenter, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know not the kind of work, but also 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*, (c) *Clerk*, (d) *Grocery*, (e) *Foreman*, (f) *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 as undertaker by Mrs Minnie Simon
the Wife of deceased. This statement is made to obtain a permit
(RELATIONSHIP)
for the burial or cremation of the remains of deceased William Simon

Signature Geo. A. Seymour

The mother's maiden name
 Do not
 See W. Simon