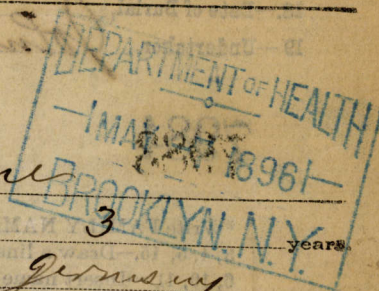


CERTIFICATE OF DEATH.

7984



1.—Full Name,* Samuel Rissner

2.—Age, 76 years, 2 months, days.

3.—Sex, Male, Female.* 4.—White, Colored.*

5.—~~Single~~, Married, Widow, Widower.*

6.—Birthplace, Germany

7.—Occupation, none

8.—If of foreign birth, how long in the U. S. 44 years.

9.—How long resident in City, 3 years.

10.—Father's Birthplace,* Germany

11.—Mother's Birthplace,* Germany

12.—Place of Death,* No. 62 Morris St Brooklyn, Ward 16

13.—Number of Families in House, 6

14.—On what Floor, 13

15.—I HEREBY CERTIFY that I attended the deceased from April 18th 1896, to May 5th 1896, that I last saw him alive on the 5th day of May 1896; that he died on the 6th day of May 1896, about 12 o'clock A. M. or P. M., and that the following was the

16.—Cause of Death,*

	Time from attack till death,
I. <u>Bright's disease</u>	<u>8 months</u>
II. <u>uracemia</u>	<u>4 days</u>

This Certificate delivered to Pharise Rissner at 102 M., May 6th 1896

Signed by Leon Lewis M. D., No. 248 Hewes Street or Avenue.

Medical Attendant.

* See other side for explanations and directions.

Address.

17.—Place of Burial, *Washington* Cemetery.

18.—Date of Burial, *May 8/96*

19.—Undertaker, *John Schult*

In case of contagious diseases, *A. M. or P. M.*

Place of Business, *600 Monroe St.*

7984

*Write FAMILY NAME plainly and exactly. If the deceased was a child *not named*, state the names of both parents.

3, 4, 5, 15.—Draw a line through the words *not required* on these lines.

6, 10, 11.—Insert name of State or County.

12.—If in a *Public Institution* please state its name and erase line 13.

16.—I. Name the *Organic*. Principal, or most influential Disease or Injury. If an autopsy was made please so state,

II. Name any complication, remote cause, important event (as Operation, in Surgical Cases,) or the manner of Dying (Asphyxia Asthenia, Syncope, etc.) or prominent symptoms (as Convulsions, Dropsy, Jaundice, Paralysis, etc.) If the disease was Puerperal in origin, this should be stated.

CONTAGIOUS DISEASES.—Small Pox, Scarlet Fever, Diphtheria, Measles. Yellow Fever, Cholera.

Note to Undertakers.—Physicians are responsible for the correctness of all facts inserted upon the face of this certificate; therefore no changes or additions made by undertakers or others can be accepted.

The law requires that the remains of those dying from a contagious disease shall be immediately disinfected, placed in a tightly sealed coffin, and that the interment shall take place within 24 hours after death, and be strictly private; and that the remains be conveyed in a hearse—the use of carriages or wagons for this purpose not being permitted. Undertakers and all other persons having charge of the remains of deceased persons, are responsible for any violation of these rules.

Office for Burial Permits, 38 & 40 Clinton Street.

Hours from 9 to 4. Saturdays, Sundays and Holidays, 9 to 12.