

Department of Health of The City of New York

BOROUGH OF

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

8

Name of Institution

Registered No.

2 FULL NAME

3 SEX

4 COLOR OR RACE

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

15 DATE OF DEATH

6 DATE OF BIRTH

7 AGE

If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)(A) How long in
U. S. (if of for-
eign birth)(B) How long resi-
dent in City
of New York

PARENTS OF DECEASED

10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
usual residence

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

16 I hereby certify that the foregoing partic-
ulars (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 Dec 23 1915, that I last
saw her alive on the 30 day of Dec
1915, that she died on the 30 day of
1915, about 6:50 clock A. M. or
P. M., and that I am unable to state definitely
the cause of death; the diagnosis during her
last illness was:

Erysipelas of face, neck and
extremities (non-traumatic)

duration yrs. mos. ds.

Contributory
(Secondary)

duration yrs. mos. ds.

Witness my hand this 30 day of Dec 1915Signature M. Sugarman M. D.House Physician

17 I hereby certify that I have this day of
1915, performed an autopsy
upon the body of said deceased, and that the
cause of h..... death was as follows:

Signature M. D.

Pathologist Hospital

FILED

18 PLACE OF BURIAL

DATE OF BURIAL

19 UNDERTAKER

ADDRESS

DEC 31 1915

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 135 and 161).

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 160).

3. If a person dies from **criminal violence** or by a **casualty**, or **suddenly while in apparent health**, or when **unattended by a physician** or in **prison**, or in any **suspicious or unusual manner**, the case must be referred to the Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (Chapter 410, Section 1773, Laws of 1882).

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

Abortion,	Haemorrhage,	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 Coroner. 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 as undertaker by Mr. Abraham Madansky
(NAME)
the husband of deceased. This statement is made to obtain a permit
(RELATIONSHIP)
for the burial or cremation of the remains of deceased George Madansky

Signature J. B. Misickoff