

Certificate of Death

Certificate No.

18824

040 SEP 22 AM 9:21

1. NAME OF DECEASED

(Print)

VETTA

First Name

Middle Name

MADANSKY

Last Name

Social Security No.

NONE

PERSONAL PARTICULARS

(May be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State

New York

(b) Co.

Kings

(c) Town

Brooklyn

(d) No.

2038 Pacific

St.

(If in rural area, give location)

(e) Length of residence or stay in City

of New York immediately prior to death

22 YEARS

3 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widowed

4 WIFE

HUSBAND

of

Abraham

5 DATE OF
BIRTH OF
DECEDENT

(Month)

(Day)

(Year)

, 1

6 AGE

If LESS than 1 day,

67 yrs.

mos.

days

hrs. or

min.

7 OCCUPATION

A Trade, profession, or particular
kind of work, as spinner,
sawyer, bookkeeper, etc.

Housewife

B Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

OWN HOME

8 BIRTHPLACE
OF DECEDENT
(State or country)

AUSTRIA

9 How long in
U. S. (if of
foreign birth)

45 yrs

10 IF DECEASED
WAS VETERAN,
NAME WAR

PARENTS OF DECEASED

11 NAME OF
FATHER OF
DECEDENT

EMMANUEL LUBASH

12 BIRTHPLACE
OF FATHER
(State or country)

AUSTRIA

13 MAIDEN NAME
OF MOTHER
OF DECEDENT

SARA (UNKNOWN)

14 BIRTHPLACE
OF MOTHER
(State or country)

AUSTRIA

15 SIGNATURE
OF INFORMANTRELATIONSHIP
TO DECEASED

ADDRESS

1475 Buxton Ave

22 PLACE OF BURIAL
OR CREMATION

Acacia Cem.

23 FUNERAL
DIRECTIONS

Jewish Memorial Chapel

ADDRESS

1406 Pitkin Ave

PERMIT
NUMBER

2762

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

MEDICAL CERTIFICATE OF DEATH

(To be filled in by the Physician)

16. PLACE OF DEATH:

(a) NEW YORK CITY: (b) Borough

BROOKLYN

(c) Name of Hospital
or Institution

SAINT MARY'S HOSPITAL

(If not in hospital or institution, give street and number.)

(d) Length of stay at place of death
immediately prior to death

4 DAYS

17 DATE AND
HOUR OF
DEATH

(Month)

(Day)

(Year)

(Hour) A.

9 - 20 - 1940 3:40M.

18 SEX

19 Color or Race

20 Approximate Age

FEMALE

WHITE

67 YEARS

21. I HEREBY CERTIFY that I attended the deceased from

9-16-1940 to 9-20-1940

that I last saw her alive on 9-20-1940
and that the facts stated in items 16-20 are correct.Statement of cause of death is based on (autopsy) (operation)
(laboratory test) (clinical findings). (Cross out terms that do not apply.)

Principal cause of death

Lobar Pneumonia - Right

DATE OF
ONSET

9-10-40

Upper lobe right middle lobe
and right lower lobe.Contributory causes
and other conditionsAtherosclerosis
Heart Disease

Autopsy:

Operation:

Date of

Date of

(If none, so state)

(If none, so state)

Condition for

which performed:

Signature

Albert Frederick Monte M. D.

Address

St. Mary's Hosp. Date 9-20-40

DATE OF BURIAL
OR CREMATION

Sep. 22, 1940

TO FUNERAL DIRECTORS

Regulation 3, Section 46 of the Sanitary Code, provides that—"No permit to remove, ship, cremate or bury remains . . . will be issued unless the funeral director applying for such permit shall sign his name . . . and shall certify in writing that he has been employed by the nearest surviving relative or next of kin."

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person to dispose of the remains of Yetta Madansky
by Jack Berger of 1475 Broadway NY
who is the son (Relationship) and the nearest surviving relative or next of kin of the decedent
Name of permittee Funeral Home Chapel Inc Permit No. 276
By A. S. Misickoff
(Signature of licensed manager or funeral director if other than permittee.)

Removal of bodies prohibited without permit. The regulations of the Board of Health prohibit the removal of the body of a human being, who died in the City of New York, unless a permit therefor has been obtained from the Department of Health, except when such removal is ordered in connection with an investigation conducted by the Office of the Chief Medical Examiner, a District Attorney or the Police Department.

Permission to remove dead bodies granted by telephone. In keeping with these regulations, the Department of Health will grant to Funeral Directors by telephone, permission for the removal of a body to a home or funeral chapel in the city, provided the application is made by a licensed Funeral Director who has the certificate of death in his possession at the time of telephoning. Such permission may be granted by the burial permit clerk in Manhattan when the office in the borough in which the death occurred, is closed. Removal of a body before obtaining permission may be penalized by suspension of telephone removal privilege, by court action, or by revocation of business permit. With this form of death certificate, it is **not** necessary for the Funeral Director to obtain a separate supplemental certification from the attending physician—Form 113-H, provided the following certification is completed.

PHYSICIAN'S SUPPLEMENTARY CERTIFICATE OF DEATH BY NATURAL CAUSES

(Required in connection with Telephone Application for Removal Permit.)

CAUTION TO PHYSICIANS: BEFORE SIGNING, READ THIS ENTIRE STATEMENT CAREFULLY

I hereby certify that the death of YETTA MADANSKY
who died on September 20th, 1940 at SAINT MARY'S HOSPITAL
(Date of Death) (Place of Death)
was not * CAUSED, DIRECTLY OR INDIRECTLY, BY ACCIDENT OF ANY KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN ANY SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person was not * one that should be reported to the Medical Examiner.

Date 9-20-40

(Personal Signature of Physician)

* The physician will personally complete this certification by inserting the words "was not" in each of these spaces

IMPORTANT NOTE TO PHYSICIAN

Section 878-1.0 of the Administrative Code for the City of New York provides that the death of any person from criminal violence or by a casualty or by a suicide, or suddenly while in apparent health, or when unattended by a physician, or in any suspicious or unusual manner, shall be reported forthwith to the Office of the Chief Medical Examiner. Only the Medical Examiner may issue a death certificate in such cases.

FAILURE TO REPORT TO THE MEDICAL EXAMINER IS A MISDEMEANOR.

Must Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone

Telephone Removal No. 26 granted by Russo
Date 9/20/40 Hour 12:30 (A.M.)
(P.M.) A. S. Misickoff
(Funeral Director)

Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner