

H-1947

re-Death

stitution

ro Resid.

ea-Dist.

cupation

ativ. Dec.

tiz. Dec.

ativ. Mother

use 1

use 2

operation

ype Accid.

A. T. Accid.

Att.-Autop.

cem.

Certificate of Death

Certificate No. 12279

FILED

1. NAME OF DECEASED

ABRAHAM

(Print or Typewrite)

First Name

Middle Name

Last Name

Social Security Number

SCHEINZEIT- NONE

PERSONAL PARTICULARS

(To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State

NEW YORK

(b) Co. KINGS

(c) Post Office and Zone

BROOKLYN

(d) No. 1227 EAST 12th St.

(If in rural area, give location)

(e) Length of residence or stay in City of New York immediately prior to death

68 years

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

Widowed

4 WIFE HUSBAND { of

Sarah

5 DATE OF BIRTH OF DECEDENT

(Month)

(Day)

(Year)

6 AGE

88 yrs.

mos.

days

If LESS than 1 day,

hrs. or

min.

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

Retired

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

Butcher

8 BIRTHPLACE OF DECEDENT: (a) State

Russia

(b) County

(c) City, Town or Village

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH?

U. S. A.

10 WAS DECEASED WAR VETERAN? IF SO, NAME WAR

no

11 NAME OF FATHER OF DECEDENT

David

12 BIRTHPLACE OF FATHER (State or country)

Russia

13 MAIDEN NAME OF MOTHER OF DECEDENT

Judith Rosen

14 BIRTHPLACE OF MOTHER (State or country)

Russia

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

1227-EAST-12th ST

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

(d) If in hospital, give Ward No.

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

MRS

17 DATE AND HOUR OF DEATH

(Month)

(Day)

(Year)

(Hour)

M.

6 10 48 5 P

18 SEX

MALE

19 COLOR OR RACE

WHITE

20 Approximate Age

88 yrs

21 I HEREBY CERTIFY that (I attended the deceased)*
(a staff physician of this institution attended the deceased)*from MAY 17, 1948, to JUNE 10, 1948,
and last saw him alive at 5 P M on 6/10 1948

I further certify that death † WAS NOT caused, directly or indirectly by accident, homicide, suicide, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report filed with the Department of Health.

* Cross out words that do not apply.

† See first instruction on reverse of certificate.

Witness my hand this 10 day of June 1948

Signature Harry A. Schrammer M. D.

Address 1794 East 5th St. Brooklyn, 23, NY

15 SIGNATURE OF INFORMANT

RELATIONSHIP TO DECEASED

ADDRESS

22 PLACE OF BURIAL OR CREMATION

Mt. Carmel Cemetery

DATE OF BURIAL OR CREMATION

June 11th 1948

23 FUNERAL DIRECTOR

Guterman's Inc

ADDRESS

2239 Church Ave Bklyn

PERMIT NUMBER

4173

BUREAU OF RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

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

The physician will personally complete the certification on the face of the certificate by inserting the words "was not" in the space provided in the second paragraph, if the resultant statement would be true.

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.

TO FUNERAL DIRECTORS

This certificate must be accompanied by the Confidential Medical Report. No permit for the disposal of the body can be granted until the Confidential Medical Report is filed. Divulging the information contained in the Confidential Medical Report, or delivery of that Report to any one other than a licensed funeral director or an official of the Bureau of Records and Statistics of the Department of Health, designated to receive such reports, will result in the revocation of a Funeral Director's permit to do business in the City of New York.

Removal of bodies prohibited without permit. Except when such removal is ordered in connection with an investigation conducted by a Medical Examiner, a District Attorney or the Police Department, Section 38 of the Sanitary Code prohibits 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.

Permission to remove dead bodies granted by telephone. In keeping with Section 38 and the regulations of the Board of Health, the Department of Health will grant to Funeral Directors by telephone, permission for the removal of a body to a home or funeral chapel, provided the application is made by a licensed Funeral Director who has the certification of death in his possession at the time of telephoning.

FUNERAL DIRECTOR'S CERTIFICATE

It is hereby certified that the undersigned has been employed to dispose of the remains of.....

by Abraham Scherz of 1227 East 12th St. Bklyn
who is the Daughter and the nearest surviving relative or next of kin of the deceased.
(Relationship)

Such employment has not been the result of any solicitation by or on behalf of the undersigned in connection with the procurement of the case. This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

Name of permittee Guterman's Inc Permit No. 4173
By [Signature]
(Signature of licensed manager or funeral director if other than permittee.)

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

Telephone Removal No. No Removal granted by..... (Burial Clerk)

Date June 11th 1948 Hour..... (A. M.)
(P. M.) Guterman's Inc
(Funeral Director)

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

DO NOT WRITE IN THIS SPACE. RESERVED FOR HEALTH DEPARTMENT RECORDS.

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF BROOKLYN

JUN 11 AM 9:43

DO NOT WRITE IN THIS SPACE.
MARGINS RESERVED FOR BINDING.

7H-1947
Pro-Death
3
Institution
507
Pro Resid.
3
Area-Dist.
4203
Occupation
Activ. Dec.
16
Citiz. Dec.
Activ. Mother
16
Cause 1
280
Cause 2
27
Operation
3
Type Accid.
D. T. Accid.
Att.-Autop.
2
Cem.
2