

105079

1 PLACE OF DEATH

BOROUGH OF

Manhattan

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

No.

215 West 94th

St.

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.

Hotel Monterey

Registered No.

23587

23587

2 FULL NAME

Harris Schonzeit Schonzeit

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

Married

15 DATE OF DEATH

November 9th

a.

1935

(Month)

(Day)

(Year)

5A. WIFE

HUSBAND

Mollie F. Schonzeit

6 DATE OF BIRTH

November 1st

1865

(Month)

(Day)

(Year)

7 AGE

70

yrs.

mos.

9

ds.

If LESS than

1 day, hrs.

or min.?

8 OCCUPATION

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

Retired

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

Retired

9 BIRTHPLACE

(State or country)

Russia

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

50 years

(9) How long resident in City of New York

50 years

10 NAME OF FATHER

David Schonzeit

11 BIRTHPLACE OF FATHER

(State or country)

Russia

12 MAIDEN NAME OF MOTHER

Judith Wiskofsky

13 BIRTHPLACE OF MOTHER

(State or country)

Russia

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

Former or usual Residence

Bayside Cem.

16 I hereby certify that the foregoing particulars (Nos. 1 to 14 inclusive) are correct as near as the same can be ascertained, and I further certify that I attended the deceased from November 1st 1935 to November 9th 1935, that I last saw him alive on the 8th day of November 1935 that death occurred on the date stated above at 11⁴⁵ A.M., and that the cause of death was as follows:

Duodenal Ulcer

Terminal Broncho -

Pneumonia.

duration yrs. mos. 7 ds.

Contributory (Secondary)

Pulmonary Edema

duration yrs. mos. 2 ds.

Witness my hand this 9th day of November 1935

Signature

Alex Rosenthal

M. D.

Address

71 E. 96th St. N.Y.C.

FILED

17 PLACE OF BURIAL

Bayside Cemetery

18 UNDERTAKER

Riverside Memorial Chapel Inc.

Harry Davis atty #2618

DATE OF BURIAL

Nov. 10

ADDRESS

12-50 Central Ave

Far Rockaway L.I.

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 33 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, Compositor, 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 Mollie Schomert 215 W 9
 the Wife of deceased. This statement is made to obtain a permit
 (RELATIONSHIP)

for the burial or cremation of the remains of deceased Harry Schomert

Signature Riverside Memorial Chapel
Harry Davis atty #2618

Burial before 10 AM!