

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

BOROUGH OF Manhattan

STANDARD CERTIFICATE OF DEATH

Name of Institution Manhattan General HospitalRegister No. 205762 FULL NAME Sidney L. Lerner

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE,

MARRIED, divorced

WIDOWED,

or DIVORCED

(Write the word)

6 DATE OF BIRTH

August141887

7 AGE

43

yrs.

mos.

ds.

If LESS than

1 day, _____ hrs.

or _____ min.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Broker

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

9 BIRTHPLACE

(State or country)

United States

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

(B) How long resident in City of New York

life

10 NAME OF FATHER

James Lerner

11 BIRTHPLACE OF FATHER (State or country)

United State

12 MAIDEN NAME OF MOTHER

Flora Solomon

13 BIRTHPLACE OF MOTHER (State or country)

United State

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

Former or usual residence

710 Riverside Drive

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

710 Riverside Drive

FILED

18 PLACE OF BURIAL

St. Carmel Cem

19 UNDERTAKER

Riverside Memorial ChapelSidney Lerner

DATE OF BURIAL

Sept 3, 1930

ADDRESS

1046 E. 12th St.

15 DATE OF DEATH

September

(Month)

14

(Day)

1930

(Year)

16 I hereby certify that the foregoing particulars (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 Aug 29, 1930, that I last saw him alive on the 12 day of Sept 1930, that he died on the 14 day of Sept, 1930, about 3:50 o'clock A. M. on Sept 14, and that I am unable to state definitely the cause of death; the diagnosis during his last illness was: Uremic coma

duration _____ yrs. _____ mos. 10 hoursContributory Hemorrhoids and Ch. Hepatitis

(Secondary)

duration 1 yrs. _____ mos. _____ ds.Witness my hand this 14 day of Sept 1930Signature George S. Stone M.D.House surgeon

17 I hereby certify that I have this _____ day of _____ 19____, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

Signature _____ M. D.

Pathologist _____ Hospital _____

SEP 1 1930

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,	Pyaemia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
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

the *Author* of deceased. This statement is made to obtain a permit
(RELATIONSHIP)
for the burial or cremation of the remains of deceased.

Signature

James J. Lissner
(NAME)
James J. Lissner
Riverside Memorial Chapel
James J. Lissner

ORDER NO. 26987-80910

DATE 5-3-43

NUMBER ISSUED 2

ORDER NO. 39730

DATE 12-29-41

NUMBER ISSUED 1

SEARCHER 64