

Certificate of Death

Certificate No. 14322

FILED

Institution

Boro-Death

Boro Resid.

Area-Dist.

Occupation

Nativ. Dec.

Cth. Dec.

Nativ. Mother

Cause 1

Cause 2

Operation

Type Accid.

Q. T. Accid.

Att. Autop.

Com.

JUL. NAME OF DECEASED JACOB LINDAUER
(Print or Type) First Name Middle Name Last Name Social Security NumberPERSONAL 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. 173 WINDSOR PLACE Ave. St.
(If in rural area, give location)
(e) Length of residence or stay in City of New York immediately prior to death 31 YEARS

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

4 WIFE HUSBAND } of ELISABETH K.

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year) JUNE 21 1862

6 AGE 86 yrs. mos. 20 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. BARBER
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc.8 BIRTHPLACE OF DECEDENT: (a) State GERMANY
(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 LAWRENCE

12 BIRTHPLACE OF FATHER (State or country) GERMANY

13 MAIDEN NAME OF MOTHER OF DECEDENT MARGARETHA GEBBERT

14 BIRTHPLACE OF MOTHER (State or country) GERMANY

15 INFORMANT

Henry Lindauer

RELATIONSHIP TO DECEASED

Nephew

ADDRESS

107-41-126 St. Richmond Hill

22 PLACE OF BURIAL OR CREMATION

Cypress Hill Cemetery

DATE OF BURIAL OR CREMATION

July 14, 1948

23 FUNERAL DIRECTOR

Fred Herbst Sons

ADDRESS

7501-53 Av

PERMIT NUMBER

4193

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 173 WINDSOR PLACE
(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 31 YEARS

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) M. 7 11 1948 6 A

18 SEX MALE 19 COLOR OR RACE WHITE 20 Approximate Age 86

21 I HEREBY CERTIFY that (I attended the deceased)*
(a staff physician of this institution attended the deceased)*

from 29 JUNE 19 48, to 11 JULY 19 48

and last saw h. alive at 4:30 P on 9 JULY 19 48

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 11 day of July 19 48

Signature A. Lloyd Warrin M. D.

Address 20 Livingston St.

BUREAU OF RECORDS AND STATISTICS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

134164
12-17-54
18

†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 Jacob Lindauer
Henry Lindauer of 107-41-126 St. Richmond Hill
who is the nephew 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 Fred Hebst son Permit No. 4193
By James J. Strass 1216
(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. None granted by Ernst (Burial Clerk)
Date..... Hour..... (A. M.)
(P. M.)
(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.

MARGIN RESERVED FOR BINDING.

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Institution	FILE
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Area-Dist.	(b)
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	(e)
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	OR
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Citiz. Dec.	5 DA
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