

A105783

14-H 25-2608-31-B.P.

1 PLACE OF DEATH

STATE OF NEW YORK

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

BOROUGH OF

Brooklyn

No. 1979 Home Crest Ave St.

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

Apartment House - 2 Family

Registered No.

21530

2 FULL NAME

Bertha Friedman

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Widow

15 DATE OF DEATH

Oct 29, 1935
(Month) (Day) (Year)5A WIFE
HUSBAND

OF Jacob Friedman

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

75

yrs. mos. 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)9 BIRTHPLACE
(State or country)

Hungary 30

(9) How long in
(A) U. S. (if of for-
eign birth)

32 yrs

(9) How long resi-
dent in City
of New York

32 yrs

10 NAME OF
FATHER

Aaron Weiss

11 BIRTHPLACE
OF FATHER
(State or country)

Hungary 30

12 MAIDEN NAME
OF MOTHER

Hanna Davidowitch

13 BIRTHPLACE
OF MOTHER
(State or country)

Hungary 30

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

Usual Residence

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 June 1934
to Oct 28 1935, that I last saw her
alive on the 28 day of Oct 1935
that death occurred on the date stated above at 8 A. M.,
and that the cause of death was as follows:

Cardiac Decompensation

duration yrs. mos. 10 ds.

Contributory
(Secondary)

senility

duration 5 yrs. mos. ds.

Witness my hand this 29 day of Oct 1935

Signature

Julius Davis M. D.

Address

1275-5th Ave N.Y.C
Man

FILED

17 PLACE OF BURIAL

Mt. Hebron Cem

DATE OF BURIAL

Oct 30 1935

18 UNDERTAKER

Gordon Funeral Home Inc

ADDRESS

341 E. Houston St

OCT 29 1935

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

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, Composer, 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 Martin Friedman
(NAME)
the Son of deceased. This statement is made to obtain a permit
(RELATIONSHIP)
for the burial or cremation of the remains of deceased Bertha Friedman

Signature

Gordon J. Jones Hong On
for Gordon Jan 29 1913