

No A 15938

-1933

14-H 25-2608-33-B

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

1 PLACE OF DEATH

BOROUGH OF

Brooklyn  
 84 Wolcott St

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

Private

Registered No.

13188

2 PRINT FULL NAME

Margaret F Lewis

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

15 DATE OF DEATH

June 17, 1934  
 (Month) (Day) (Year)

6A WIFE OF HUSBAND

6 DATE OF BIRTH OF DECEDENT

(Month) (Day) (Year)

7 AGE

66 yrs. mos. ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION

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

housework

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

9 BIRTHPLACE (State or country)

Brooklyn N.Y.

(A) How long in N. Y. (if of foreign birth)

(B) How long resident in City of New York

Life

10 NAME OF FATHER OF DECEDENT

Henry W. Lewis

11 BIRTHPLACE OF FATHER (State or country)

Wales

12 MAIDEN NAME OF MOTHER OF DECEDENT

Anna Roach

13 BIRTHPLACE OF MOTHER (State or country)

Ireland

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

Usual Residence

14A INFORMANT

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 March 5, 1934 to June 17, 1934, that I last saw her alive on the 16 day of June 1934 that death occurred on the date stated above at 4 A.M., and that the cause of death was as follows:

Cerebral Apoplexy due to Arteriosclerosis

duration yrs. 3 mos. 9 ds.

Contributory (Secondary)

Coma

Operation?

State kind

duration yrs. mos. 1 ds.

Witness my hand this 17 day of June, 1934

Signature Tom W. Dusseldorf, M.D.

Address 39 Union St

FILED

17 PLACE OF BURIAL

Greenwood Cem

DATE OF BURIAL

June 19, 1934

18 UNDERTAKER

Walter B. Cooke Inc  
 Fred Von Arken Mgr. 2068

ADDRESS


50-7 Ave Bklyn

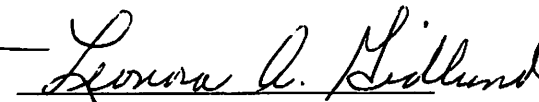
A RELATED CERTIFICATE WILL BE RECEIVED

**NEW YORK CITY DEPARTMENT OF RECORDS AND INFORMATION SERVICES  
MUNICIPAL ARCHIVES  
31 Chambers Street  
New York, N.Y. 10007**

**This exact copy of a \_\_\_\_\_ certificate should not be accepted unless the raised seal of The Department of Records and Information Services is affixed thereon. The reproduction or alteration of this transcript is prohibited by Section 3.21 of the New York City Health Code.**

**In issuing this copy of the record, the Department of Records and Information Services does not certify to the truth of the statements made thereon, as no inquiry to the facts has been provided by law.**

  
\_\_\_\_\_  
**Brian G. Andersson  
Commissioner, Department of Records**

  
\_\_\_\_\_  
**Leonora A. Gidlund  
Director, Municipal Archives**