

STATE OF NEW YORK

Department of Health of The City of New York

1 PLACE OF DEATH

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF Brooklyn

No. 84 Wolcott St 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 Single
(Write the word)

15 DATE OF DEATH June 17, 1934
(Month) (Day) (Year)

5A WIFE } OF HUSBAND }

6 DATE OF BIRTH OF DECEDENT 1
(Month) (Day) (Year)

7 AGE 66 yrs. 66 mos. 66 ds. If LESS than 1 day, 66 hrs. or 66 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 U. S. (if of foreign birth) life (B) How long resident in City of New York

PARENTS OF DECEASED 10 NAME OF FATHER OF DECEDENT Henry W. Lewis duration yrs. 3 mos. 9 ds. 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 8 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

Contributory Gonorrhea (Secondary) Operation? State kind

duration yrs. 1 mos. 1 ds. Witness my hand this 17 day of June, 1934

Signature Tom W. Dusseldorf M. D.

Address 392 Union St

FILED

17 PLACE OF BURIAL Greenwood Cem.

DATE OF BURIAL June 19, 1934

18 UNDERTAKER Walter B. Cooke Inc
Frd Von Appen Mgr. 2068

ADDRESS 50-7 Ave Bklyn

MARGIN RESERVED FOR BINDING NO MUTILATED CERTIFICATE WILL BE RECEIVED

JUN 18 1934 611

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,
Cellulitis,
Childbirth,
Convulsions,**

**Hemorrhage,
Gangrene,
Gastritis,
Erysipelas,**

**Meningitis,
Metritis,
Miscarriage,
Peritonitis,**

**Phlebitis,
Pyaemia,
Septicaemia,
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, without any solicitation on my part or that of any

other person, as undertaker herein by Andrew J. Lewis

of 84 Wolcott St. Bklyn who is the Brother sole survivor of
(relationship) decease

and the nearest surviving relative or next of kin of the deceased. This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

(Signature) Walter B. Cooke Jr.

Business Address 50-7 Ave Bklyn

Permit Number (Undertaker's) 2068 Ford Vowley

If another undertaker in your employ is to take personal charge of the work in the care, preparation or other disposition of such dead human body, give his name and State License number.

State License No. _____