

N<sup>o</sup>AA 2966 -1933

Form 15 H 25-2509-33-B

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

7622  
STANDARD CERTIFICATE OF DEATH 1822

1 PLACE OF DEATH

BOROUGH OF Queens  
Name of Institution St John's L.H. Hospital  
Address of Institution Jackson Ave.

313 Register No.

2 PRINT FULL NAME REGINALD PARRETT

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, or DIVORCED Married  
(Write the word)

15 DATE OF DEATH December 5, 1934  
(Month) (Day) (Year)

6 DATE OF BIRTH OF DECEDENT January 28, 1875  
(Month) (Day) (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 December 5<sup>th</sup>, 1934, that I last saw h. alive on the 5<sup>th</sup> day of Dec., 1934, that he died on the 5<sup>th</sup> day of December, 1934, about 11 50 o'clock A or P. M., and that I am unable to state definitely the cause of death; the diagnosis during h. 15 last illness was: Generalized Peritonitis  
prolonged Thrombosis (myocardial)  
Acute Ruptured Appendicitis

7 AGE 59 yrs. mos. ds. or min. If LESS than 1 day. hrs.

8 OCCUPATION (a) Trade, profession or particular kind of work Tailoring  
(b) General nature of industry, business or establishment in which employed (or employer)  
(c) No. of years so occupied

duration yrs. mos. ds.  
Contributory Generalized Peritonitis  
(Secondary) Chronic Myocarditis  
duration yrs. mos. ds.

9 BIRTHPLACE (State or country) England  
(a) How long in U. S. (if of foreign birth) 43 years (b) How long resident in City of New York 43 years

Operation? Yes State kind Autopsy  
Witness my hand this 6<sup>th</sup> day of Dec, 1934  
Signature S. D. Bird M.D.  
House Surgeon

10 NAME OF FATHER OF DECEDENT Joseph Parrett

11 BIRTHPLACE OF FATHER (State or country) England

12 MAIDEN NAME OF MOTHER OF DECEDENT Elizabeth Thomas

13 BIRTHPLACE OF MOTHER (State or country) England

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

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

Usual residence 2521 Steinway St.

INFORMANT: Arthur

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

Signature \_\_\_\_\_ M.D.  
Pathologist \_\_\_\_\_ Hospital

FILED

18 PLACE OF BURIAL

DATE OF BURIAL

Calvary Cem 801

Dec 8<sup>th</sup>, 1934

19 UNDERTAKER

ADDRESS

Charles Weidig, Jr

20-68 Steinway St

MARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE RECEIVED


122  
121  
120


DEC 7 1934

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

7622

### TO PHYSICIANS

0252  
12-7-31  
3

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.

Handwritten initials and marks on the right margin.

### 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 Irene Parrett

of # 2521 Stenway St who is the Wife (relationship)

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) Charles W. [unclear]

Business Address #2068 Stenway St

Permit Number (Undertaker's) 1515-6992


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.

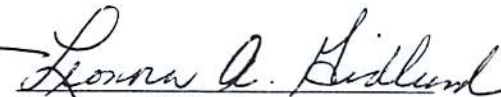
State License No. \_\_\_\_\_

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