

NOAA 46192 -1934

Form 15 II 25-2609-34-BA

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

Register No. 13194

1 PLACE OF DEATH

BOROUGH OF Brooklyn
Name of Institution St. Marks Hospital
Address of Institution 1298 St. Marks Av.

2 PRINT FULL NAME Tierney Frank A.

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

15 DATE OF DEATH June 12 1936 (Month) (Day) (Year)

5A WIFE OF HUSBAND

6 DATE OF BIRTH OF DECEDENT September 28 1864 (Month) (Day) (Year)

7 AGE 71 yrs. 7 mos. 1 day. 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) Police Captain (c) No. of years so occupied

9 BIRTHPLACE (State or country) United States

(9) How long in (A) U. S. (if of foreign birth) life (9) How long resident in City of New York life

10 NAME OF FATHER OF DECEDENT James

11 BIRTHPLACE OF FATHER (State or country) Ireland

12 MAIDEN NAME OF MOTHER OF DECEDENT Beatty Mary

13 BIRTHPLACE OF MOTHER (State or country) United States

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents. Usual residence 1155 East 39 Street

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

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 June 11 1936, that I last saw him alive on the 12 day of June 1936, that he died on the 12 day of June 1936 about 9 o'clock A.M. or P.M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

arterio-sclerotic heart disease

Contributory Pulmonary Edema (Secondary) duration yrs. mos. 1 ds.

Operation? none State kind

Witness my hand this 12 day of June 1936

Signature J. J. ... M. D. House

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

Signature ... M.D. Pathologist ... Hospital

18 PLACE OF BURIAL St. John's Cemetery

19 UNDERTAKER Joseph J. Galligan


DATE OF BURIAL June 16 1936

ADDRESS 284 W. ...

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

ORDER No. 22534

DATE 6/15/26

### TO PHYSICIANS

NUMBER ISSUED 28

1. The attending physician must furnish a certificate to the Department of Health within 30 days 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 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 Raymond L. Linn

of 1155 E 39th St. who is the Dr. (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) Joseph J. Sullivan  
Business Address 254 W. 117th St. N.Y.C.  
Permit Number (Undertaker's) 673

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. \_\_\_\_\_


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1/26/47  
1

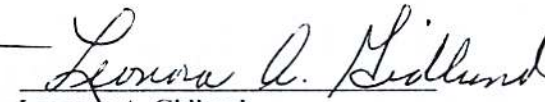
Examined by J. B. Sullivan

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