

No. 27 Dante Street

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registered No. 5

2 Full name Harold Steiner St.;

Ward

3 Residence No. 27 Dante St.;

5 How long in U. S., if of foreign birth? Years Months Days

PERSONAL AND STATISTICAL PARTICULARS

6 SEX Female 7 COLOR OR RACE White 8 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  
Widowed

9a IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (OR) WIFE OF James F. Steiner

9 DATE OF BIRTH (month, day, year) May 28, 1860

10 AGE Years 85 Months 9 Days 11 If LESS than 1 day, or, min.

MEDICAL CERTIFICATE OF DEATH

24 DATE OF DEATH (month, day, and year) March 9, 1946

25 I HEREBY CERTIFY, That I attended deceased from April 10, 1930 to March 9, 1946  
 I last saw her alive on March 6, 1946  
 To the best of my knowledge, death occurred on the date stated above, at 8:45 p.m.

CAUSE OF DEATH  
Mycobacteriosis

DURATION OF CONDITION	
Yrs.	Mo., Dya.
1	
3	

11 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

12 Industry or business in which work was done, as the mill, sawmill, bank, etc. None

13 Date deceased last worked at this occupation (month and year) None

14 Total time (years) spent in this occupation None

15 BIRTHPLACE (City or Town) (State or Country) near York City

16 NAME Jonathan Beattie

17 BIRTHPLACE (City or Town) (State or Country) Scotland

18 MAIDEN NAME May Dillon

19 BIRTHPLACE (City or Town) (State or Country) Ireland

20 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature of Informant) Frank A. Steiner (Address) 118 St. Raymond St. Yonkers, N.Y.

21 PLACE OF BURIAL, CREMATION, OR REMOVAL St. Raymond's DATE OF BURIAL March 11, 1946

22 UNDERTAKER (License No.) John J. Steiner ADDRESS 118 St. Raymond St. Yonkers, N.Y.

23 Filed March 11, 1946 Charles J. Steiner REGISTRAR

BURIAL OR TRANSIT } PERMIT ISSUED BY Charles J. Steiner DATE OF ISSUE March 11, 1946

26 Where was disease contracted, or injury sustained? None

27 Name of operation, if any None Date None  
 Condition for which performed None  
 Organ or part affected None

28 What laboratory test assisted diagnosis? None

29 Was there an autopsy? None

(Signed) Albert A. Steiner M. D.  
March 11, 1946 (Address) 118 St. Raymond St. Yonkers, N.Y.

I certify that this is a true copy



REGISTRAR OF VITAL STATISTICS  
TOWN OF MAMARONECK