

1 PLACE OF DEATH

25-2002-26-B, 14 B

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF Brooklyn

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

1285

No. 4510 17th Avenue

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

Registered No.

1285

FULL NAME Charles A Yerks

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED, WIDOWED OR DIVORCED Widower <small>(Write the word)</small>	15 DATE OF DEATH <u>January 11th</u> , 19 <u>29</u> <small>(Month) (Day) (Year)</small>
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6 DATE OF BIRTH
May 1st, 1841
(Month) (Day) (Year)

7 AGE <u>87</u> yrs <u>8</u> mos <u>10</u> ds.	If LESS than 1 day, ... hrs. or ... min.?
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8 OCCUPATION
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business or establishment in which employed (or employer) Station Master

9 BIRTHPLACE (State or country) Tarrytown, N.Y.

(A) How long in U. S. (if of foreign birth) 75 yrs
(B) How long resident in City of New York

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) U.S.

12 MAIDEN NAME OF MOTHER Maria Taxter

13 BIRTHPLACE OF MOTHER (State or country) U.S.

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

Former or usual Residence

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 Dec 1 1928 to Jan 11 1929, that I last saw him alive on the 10 day of Jan 1929, that death occurred on the date stated above at 11 PM., and that the cause of death was as follows:

Chronic myocarditis
chronic nephritis

duration yrs. mos. ds.

Contributory Acute Cardiac
(Secondary) dilatation

duration yrs. mos. ds.

Witness my hand this 12 day of Jan 1929

Signature Daniel A. McEter M. D.

Address 4316 18th Av.

FILED

17 PLACE OF BURIAL Silver Mount Cemetery DATE OF BURIAL January 15th, 1929

18 UNDERTAKER George Ferraro ADDRESS 4817 Third Avenue

Permit 466

MARGIN RESERVED FOR BINDING NO MUTATED CERTIFICATE WILL BE RECEIVED

101
79

JAN 12 1929

Missing information can not be obtained
Mrs. Miller
Daughter

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 213).
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, Ch. 284, Sec. 2. In effect Jan. 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 symptoms 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 as undertaker by Mrs. May Miller the Daughter of deceased. This statement is made to obtain a permit for the burial or cremation of the remains of deceased Charles A. Yerks

Signature George Harper