

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

1 PLACE OF DEATH
 BOROUGH OF Man.

No. 12 George St.

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

Tenement

Registered No.

14811

2 FULL NAME

Jane Derkowitz

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,
 MARRIED,
 WIDOWED,
 OR DIVORCED
 (Write the word)

Married

18 DATE OF DEATH

May 28, 1929
 (Month) (Day) (Year)

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

55

If LESS than
 1 day, ____ hrs.
 or ____ min.?

8 OCCUPATION

(a) Trade, profession, or
 particular kind of work

Shipping Clerk

(b) General nature of industry,
 business or establishment in
 which employed (or employer)

Grocery

9 BIRTHPLACE
 (State or country)

Austria

(A) How long in
 U. S. (if of for-
 eign birth)

38 yrs

(B) How long resi-
 dent in City
 of New York

38 yrs

10 NAME OF
 FATHER

Haskell Derkowitz

11 BIRTHPLACE
 OF FATHER
 (State or country)

Austria

12 MAIDEN NAME
 OF MOTHER

Anna I.

13 BIRTHPLACE
 OF MOTHER
 (State or country)

Austria

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

Former or
 Present 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 March 1929
 to May 28 1929, that I last saw him
 alive on the 28 day of May, 1929,
 that death occurred on the date stated above at 3:45 AM.,
 and that the cause of death was as follows:

Carcinomatous
adenomas

Primary in Gall
Bladder

duration yrs. 2 mos. ds.

Contributory
 (Secondary)

Pulmonary
edema

duration yrs. 1 mos. ds.

Witness my hand this 28 day of May, 1929

Signature

Jacob Cohen

M. D.

Address

1070 Park Ave.

DATE OF BURIAL

May 28, 1929

ADDRESS

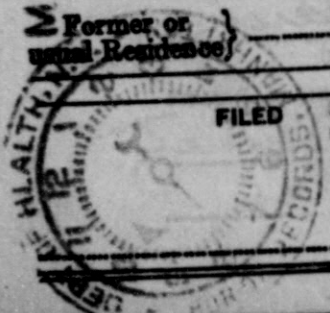
427 E Houston St

17 PLACE OF BURIAL

Mt Hebron Cem

18 UNDERTAKER

James Cohen



NO MUTILATED CERTIFICATE WILL BE RECEIVED

MARGIN RESERVED FOR BINDING

Department No.

Certificates received

5/29/29

Cohen

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, 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 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 as undertaker by Molhe Hershowitz (NAME)
 the Wife (RELATIONSHIP) of deceased. This statement is made to obtain a permit
 for the burial or cremation of the remains of deceased Sigmund Hershowitz
 Signature Louis Cohen

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

Jimmey M. ...

15
91

