

Certificate of Death

Certificate No.

27079

FILED

1. NAME OF DECEASED

(Print or Typewrite)

MICHAEL

MAX

MERMELSTEIN

NONE

First Name

Middle Name

Last Name

Social Security Number

PERSONAL PARTICULARS

(To be filled in by Funeral Director)

MEDICAL CERTIFICATE OF DEATH

(To be filled in by the Physician)

2 USUAL RESIDENCE:

(a) State

NEW YORK

(c) City,
Town or
Village

(b) Co. KINGS

BROOKLYN

(d) No. 1574 53 STREET

Ave.
St.(e) Length of residence or stay in City of
New York immediately prior to death

44 YRS

3 SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

WIDOWED

4 WIFE
HUSBAND } of

ROSE MERMELSTEIN

5 DATE OF
BIRTH OF
DECEDENT

(Month)

(Day)

(Year)

MARCH

28

1867

6 AGE

If LESS than 1 day,

76

yrs.

9

mos.

days

hrs. or

min.

A Trade, profession, or particular
kind of work done, as **BAKER**
sawyer, bookkeeper, etc.B Industry or business in which
work was done, as **RETIRED 1926**
sawmill, bank, own business, etc.8 BIRTHPLACE
OF DECEDENT:

(a) State or

Country

HUNGARY

(b) County

(c) City, Town
or Village9 OF WHAT COUNTRY WAS
DECEDENT A CITIZEN
AT TIME OF DEATH?

HUNGARY

10 WAS DECEASED
WAR VETERAN?
IF SO, NAME WAR

NONE

11 NAME OF
FATHER OF
DECEDENT

JACOB MERMELSTEIN

12 BIRTHPLACE
OF FATHER

(State or country)

HUNGARY

13 MAIDEN NAME
OF MOTHER
OF DECEDENT

HANNAH SOLOMON

14 BIRTHPLACE
OF MOTHER

(State or country)

HUNGARY

16 PLACE OF DEATH:

(a) NEW YORK CITY: (b) Borough

BROOKLYN

(c) Name of Hospital
or Institution

1574-53 St.

(d) Length of stay at place of death
immediately prior to death

10 YRS.

17 DATE AND
HOUR OF
DEATH

(Month)

(Day)

(Year)

(Hour)

DECEMBER 28

1943

12 PM.

18 SEX

MALE

19 COLOR OR RACE

WHITE

20 Approximate Age

76 YRS

21. I HEREBY CERTIFY that (I attended the deceased)*
(a staff physician of this institution attended the deceased)*
from DEC 23 1943 to DEC 28 1943,
and last saw him alive at 12 PM on DEC 28 1943.Statement of cause of death is based on (autopsy) (operation)
(laboratory test) (clinical findings)* (Cross out terms that do not apply)

Principal cause of death

BRONCHOPNEUMONIA

DATE OF ONSET

DEC 23, 1943

Contributory causes
and other conditions

ARTERIOSCLEROTIC CARDIO -

1940

VASCULAR DISEASE

Autopsy:

Date of

None

Operation:

Date of

None

(If none, so state)

(If none, so state)

Condition for
which performed:

Signature

Joseph J. Friedman M. D.

Address

645 Wilcougley Av. Date 12/28/43

PARENTS OF DECEASED

15 SIGNATURE OF INFORMANT

RELATIONSHIP TO DECEASED

ADDRESS

22 PLACE OF BURIAL
OR CREMATION

Barny H. G. Co.

DATE OF BURIAL
OR CREMATION

Dec 29 1943

23 FUNERAL
DIRECTOR

Joseph J. Friedman

ADDRESS

1574-53 St. Brooklyn

PERMIT
NUMBER

2046

PHYSICIAN'S SUPPLEMENTARY CERTIFICATE OF DEATH BY NATURAL CAUSES

Required in connection with Telephone Application for Removal Permit.

CAUTION TO PHYSICIANS: BEFORE SIGNING, READ THIS ENTIRE STATEMENT CAREFULLY.

I hereby certify that the death of.....

(Print Name of Decedent)

who died on.....

(Date of Death)

, at.....

(Place of Death)

* CAUSED DIRECTLY OR INDIRECTLY, BY ACCIDENT OF ANY KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN ANY SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person.....* one that should be reported to the Medical Examiner.

Date.....

(Personal Signature of Physician)

* The physician will personally complete this certification by inserting the words "was not" in each of these spaces.

IMPORTANT NOTE TO PHYSICIAN

Section 878-1.0 of the Administrative Code for the City of New York provides that the death of any person from criminal violence, by a casualty, by suicide, suddenly while in apparent health, when unattended by a physician, or in any suspicious or unusual manner, shall be reported forthwith to the Office of the Chief Medical Examiner. Only the Medical Examiner may issue a death certificate in such cases.

FAILURE TO REPORT TO THE MEDICAL EXAMINER IS A MISDEMEANOR.

TO FUNERAL DIRECTORS

Regulation 3, Section 46 of the Sanitary Code, provides that—"No permit to remove, ship, cremate or bury the remains . . . will be issued unless the funeral director applying for such permit shall sign his name . . . and shall certify in writing that he has been employed by the nearest surviving relative or next of kin."

Removal of bodies prohibited without permit. The regulations of the Board of Health prohibit the removal of the body of a human being, who died in the City of New York, unless a permit therefor has been obtained from the Department of Health, except when such removal is ordered in connection with an investigation conducted by the Office of the Chief Medical Examiner, a District Attorney or the Police Department.

Permission to remove dead bodies granted by telephone. In keeping with these regulations, the Department of Health will grant to Funeral Directors by telephone, permission for the removal of a body to a home or funeral chapel in the city, provided the application is made by a licensed Funeral Director who has the certificate of death in his possession at the time of telephoning. Such permission may be granted by the burial permit clerk in Manhattan, when the office in the borough in which the death occurred, is closed. Removal of a body before obtaining permission may be penalized by suspension of telephone removal privilege, by court action, or by revocation of business permit. If the above Physician's Supplementary Certificate of Death by Natural Causes has been completed it is NOT necessary for the Funeral Director to obtain a separate supplementary certification—Form 113-H.

FUNERAL DIRECTOR'S CERTIFICATE

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, to dispose of the remains of.....

by.....

of.....

who is the.....

(Relationship)

and the nearest surviving relative or next of kin of the deceased.

Name of permittee.....

Permit No. 2016

By.....

(Signature of licensed manager or funeral director if other than permittee.)

Must Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone

Telephone Removal No.....

granted by.....

(Burial Clerk)

Date.....

Hour.....

(A.M.)

(P.M.)

(Funeral Director)

Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.