

1 PLACE OF DEATH

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

BOROUGH OF QueensNo. Fifth St. Long Island City St.
(If institution, state name)Character of premises,
 whether tenement, private,
 hotel, hospital or other place, etc. In AmbulanceRegistered No. 6649² FULL NAME Joseph Sulm

3 SEX <u>M.</u>	4 COLOR OR RACE <u>w.</u>	5 SINGLE, MARRIED, WIDOWED, or DIVORCED <u>Married</u> <small>(Write the word)</small>
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15 DATE OF DEATH

October 31, 1929
(Month) (Day) (Year)

6 DATE OF BIRTH

874
(Month) (Day) (Year)

7 AGE

55
yrs. mos. ds.If LESS than
 1 day.....hrs.
 or.....min.?

8 OCCUPATION

(a) Trade, Profession or
 particular kind of work.....(b) General nature of industry,
 business or establishment in
 which employed (or employer).....(c) No. years
 so occupied.....Truckman

9 BIRTHPLACE

(State or country)

U.S.(9) How long in
 U. S. (if of for-
 eign birth)(9) How long resi-
 dent in City
 of New YorkLife10 NAME OF
 FATHERJoseph Sulm11 BIRTHPLACE
 OF FATHERGermany12 MAIDEN NAME
 OF MOTHERBarbara13 BIRTHPLACE
 OF MOTHERGermany14 Special INFORMATION required in deaths in hospitals and insti-
 tutions and in deaths of non-residents and recent residents.Former or
 usual residence } 35-20- 6th Ave.
L. I. City

FILED

NOV 2 1929

18 PLACE OF BURIAL

Flushing Cem.

19 UNDERTAKER

Thomas M. Quinn & Sons

DATE OF BURIAL

Nov 3, 1929

ADDRESS

460 B'way
Crotona

¹⁶ I hereby certify that the foregoing partic-
 ulars (Nos. 1 to 15 inclusive) are correct as near
 as the same can be ascertained, and I further
 certify that I have this 31st day of Oct.

1929, taken charge of the body of deceased
 found at Long Island City
 and that I have investigated the essential facts
 concerning the circumstances of the death.

¹⁷ I further certify that I have viewed said
 body and from examination
 and evidence, that he died on the 31st day of
Oct. 1929, at 11⁵³ A.M., and that
 the chief and determining cause of his death
 was Angina Pectoris

that the contributing causes were.....

Wm. Nammack M.D.
 Assistant Medical Examiner.

Approved

Charles Lewis
 Chief Medical Examiner.

6649

MEDICAL EXAMINERS' RETURNS

The Department of Health may, from time to time, make rules and regulations fixing the time of rendering and defining the form of returns and reports to be made to said department by the office of chief medical examiner of the City of New York, in all cases of death which shall be investigated by it; and the office of the chief medical examiner is hereby required to conform to such rules and regulations.—Sec. 1203, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915.

It shall be the duty of the next of kin of any person deceased, and of each person being with such deceased person at his or her death, to file a report in writing with the department of health within five days after such death, stating the age, color, nativity, last occupation and cause of death of such deceased person, and the borough and street, the place of such person's death and last residence. Physicians who have attended deceased persons in their last illness shall, in the certificate of the decease of such persons, specify, as near as the same can be ascertained, the name and surname, age, occupation, term of residence in said city, place of nativity, condition of life; whether single or married, widow or widower, color, last place of residence and the cause of death of such deceased persons, and the medical examiners of the city, shall, in their certificates conform to the requirements of this section.—(Sec. 1238, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915. In effect January 1, 1918.)

Accident, suicide, or homicide?.....Date of injury.....19.....

Where did injury occur?.....

Specify whether injury occurred in *industry*, in *home*, or in *public place*

Manner of injury?.....

Nature of injury?

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.....*Sarah Sleem*.....

(NAME)

the.....*Wife*.....of deceased. This statement is made to obtain a permit for the

(RELATIONSHIP)

burial or cremation of the remains of deceased.....*Joseph Sleem*.....

Signature.....*Thomas M. Quinn*.....

William J. Li