

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF

Matthran

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

No.

2266-8-Ave

St.

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

Tenement

Registered No.

21758

2 FULL NAME

Edward Kelle

3 SEX

Male

4 COLOR OR RACE

White

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

Single

15 DATE OF DEATH

Aug 26, 1923
(Month) (Day) (Year)

6 DATE OF BIRTH

July 10, 1920
(Month) (Day) (Year)

7 AGE

3 yrs. 1 mos. 16 ds.

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

8 OCCUPATION

(a) Trade, profession, or
particular kind of work¹(b) General nature of industry,
business or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)

W.S.A.

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

Life

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

Life

10 NAME OF
FATHER

Joseph Kelle

11 BIRTHPLACE
OF FATHER
(State or country)

W.S.A.

12 MAIDEN NAME
OF MOTHER

Lena Sulim

13 BIRTHPLACE
OF MOTHER
(State or country)

W.S.A.

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

FILED

17 PLACE OF BURIAL

Calvary Cemetery

DATE OF BURIAL

Aug 29th, 1923

18 UNDERTAKER

Christian M. Kell 304 E. 55th St.

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 Aug - 6 - 1923 to Aug 26 1923, that I last saw him alive on the 26 day of Aug 1923, that death occurred on the date stated above at 6:15 P.M., and that the cause of death was as follows:

Acute cardiac dilatation

duration yrs. mos. 7 ds.

Contributory
(Secondary)

Acute Parenchymatous Nephritis

duration yrs. mos. 20 ds.

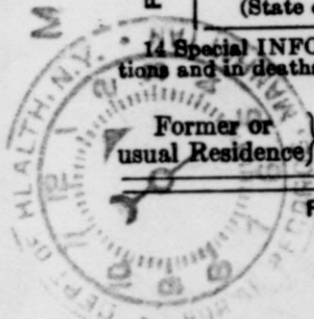
Witness my hand this 27 day of Aug 1923

Signature

J. M. Kelle M. D.

Address

450 E. 138 St.



CERTIFICATE REC'D

8/27/23

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

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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 135 and 161).

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 160).

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. & 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,	Haemorrhage,	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*, *Compositor*, *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 Joseph Kille (NAME)
 the Father (RELATIONSHIP) of deceased. This statement is made to obtain a permit
 or the burial or cremation of the remains of deceased Edward Kille
 Signature Christian Kille

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