

1 PLACE OF DEATH

STATE OF NEW YORK

25-2009-19-B, Form 15

BOROUGH OF Manhattan Department of Health of The City of New York

BUREAU OF RECORDS

1439

Name of Institution Metropolitan Hospital B.S. STANDARD CERTIFICATE OF DEATH

Register No.

1489

2 FULL NAME John Sulm

3 SEX

male

4 COLOR OR RACE

white5 SINGLE,
MARRIED,
WIDOWED
or DIVORCED
(Write the word)widowed

15 DATE OF DEATH

(Month)

(Day)

19

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

63

yrs.

mos.

ds.

or

If LESS than

1 day,

hrs.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Watchman

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

9 BIRTHPLACE
(State or country)Germany

(A) How long in U. S. (if of foreign birth)

4 yrs

(B) How long resident in City of New York

35 yrs.

10 NAME OF FATHER

Elias11 BIRTHPLACE OF FATHER
(State or country)Germany

12 MAIDEN NAME OF MOTHER

Eva Overt13 BIRTHPLACE OF MOTHER
(State or country)Germany

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

Former or usual residence

Metropolitan Hospital (employee)

Where was disease contracted, if not at place of death?

16 I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that deceased was admitted to this institution on December 10, 1919, that I last saw him alive on the 14 day of January, 1920 that he died on the 14 day of January, 1920 about 12:30 o'clock A. M. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

Cerebral Stomach
Metastasis to Liver (peritonitis)
duration yrs. mos. ds.

Contributory
(Secondary)

duration yrs. mos. ds.

Witness my hand this 14 day of Jan, 1920.Signature Dr. H. J. ... M.D.House Physician

17 I hereby certify that I have this 19 day of Jan, 1920, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

Signature _____ M. D.

Pathologist _____ Hospital _____

FILED

18 PLACE OF BURIAL

St Michael Cemetery

DATE OF BURIAL

Jan 15, 1920

19 UNDERTAKER

A. Stufmann

ADDRESS

195 Stanhope St

JAN 14 1920

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

1439

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 office 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, Chapter 284, Section 2. In effect January 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,	Pyaemia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
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 Eva Koefling
(NAME)
the sister of deceased. This statement is made to obtain a permit
(RELATIONSHIP)
for the burial or cremation of the remains of deceased John Sulzer

Signature

A. StutzmanPer Michael Goetz

CERTIFICATE REC'D 1/14/20

BODY RECEIVED

CITY MORTUARY