

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF BronxName of Institution Spaulding HospitalRegistered No. 6662 FULL NAME George J. Heckelman3 SEX Male4 COLOR OR RACE White5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) Widower15 DATE OF DEATH January 27, 1914

(Month)

(Day)

(Year)

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE 46 yrs. mos. ds.If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work Porter(b) General nature of industry,
business or establishment in
which employed (or employer)

9 BIRTHPLACE

(State or country) United States(9) How long in
U. S. (if of for-
eign birth)(9) How long resi-
dent in City
of New York Life

PARENTS OF DECEASED

10 NAME OF
FATHER Adam Heckelman11 BIRTHPLACE
OF FATHER
(State or country) Germany12 MAIDEN NAME
OF MOTHER Friedrika Lumanack13 BIRTHPLACE
OF MOTHER
(State or country) Germany14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
usual residence } 546 lb - 53 St 92Where was disease contracted, if not at place of death?
St. Ignace

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 deceased was admitted to this
institution on January 17, 1914, that I last
saw him alive on the 27 day of January
1914, that he died on the 27 day of
January, 1914, about 1-30 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:

Pulmonary Tuberculosis
duration yrs. mos. ds.

Contributory
(Secondary)

duration

yrs.

mos.

ds.

Signature Epiphany

M. D.

House Spaulding Hospital

17 I hereby certify that I have this ____ day of
____ 191____, performed an autopsy
upon the body of said deceased, and that the
cause of his death was as follows:

Signature

M. D.

Pathologist

Hospital

18 PLACE OF BURIAL CatharineDATE OF BURIAL Jan. 30, 191419 UNDERTAKER William BeckerADDRESS 628-10 Ave

FILED

JAN 29 1914 JAN 27 1914

1 Tr. 1/29/14 31445 EH
 1 Tr. 1/30/14
 (Man.Or.#311154)EH **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 **suddenly while in apparent health**, or when **unattended by a physician** or in **prison**, or in any **suspicious or unusual manner**, the case must be referred to the Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (Chapter 410, Section 1773, Laws of 1882).

4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,

Gastritis,

Peritonitis,

Cellulitis,

Erysipelas,

Phlebitis,

Childbirth,

Meningitis,

Pyæmia,

Convulsions,

Metritis,

Septicæmia,

Hæmorrhage,

Miscarriage,

Tetanus.

Gangrene,

Necrosis,

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Coroner. 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.