

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

BOROUGH OF BrooklynNo. 3047 Hull Ave.Ave.  
St.CERTIFICATE No. 11140Character of premises,  
whether tenement, private,  
hotel, etc. tenement

## 2 PRINT FULL NAME

JosephMagnusDeckelmann

First Name

Middle Name

Last Name

## 3 Residence (usual place of abode)

(If nonresident, give place and State) No. 3047Hull AveAve.  
St.Borough of Brooklyn

## PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word) Married6A WIFE } Anna Deckelmann  
HUSBAND } OF7 DATE OF BIRTH Sept 4, 1868  
OF DECEDENT (Month) (Day) (Year)

## 8 AGE OF DECEDENT

70 yrs. 3 mos. 21 da.If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.?9 OCCUPATION  
A Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Michel player  
B Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. Biograph Factory  
C Date deceased last worked at  
this occupation (month  
and year) 7-29 D Total time (years)  
spent in this  
occupation 8 years10 BIRTHPLACE  
(State or country)Germany11 How long in  
U. S. (if of for-  
eign birth)48 years12 How long resi-  
dent in City  
of New York46 yearsPARENTS OF DECEDENT  
13 NAME OF  
FATHER  
OF DECEDENT Ferdinand Deckelmann  
14 BIRTHPLACE  
OF FATHER  
OF DECEDENT  
(State or country) Germany  
15 MAIDEN NAME  
OF MOTHER  
OF DECEDENT Clara Rohe  
16 BIRTHPLACE  
OF MOTHER  
OF DECEDENT  
(State or country) Germany17 INFORMANT Anna Anderson (daughter)

## MEDICAL CERTIFICATE OF DEATH

## 18 DATE OF DEATH

Dec258

(Month)

(Day)

(Year)

## 19 I HEREBY CERTIFY, That I attended deceased from

March1938to Dec. 251938I last saw him alive on Dec. 24, 1938; death is  
said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Duration

Carcinoma of the head of  
the pancreas with  
metastasis to liver

Other contributory causes of importance:

Name of operation

Date

What test confirmed diagnosis? X-ray of the gall bladderSignature Charles Lavorn M. D.Address 333 Mostholer Pkwy

FILED

## 21 PLACE OF BURIAL

Greenliff Cem.

## DATE OF BURIAL

Dec 281938

## 22 UNDERTAKER

Walter B. Cooke Inc

## ADDRESS

12190 n.



## 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 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, 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,	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, Composer, 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, without any solicitation on my part or that of any other person, as undertaker by Anna Dickelmann 3047 Kullman.

(NAME AND ADDRESS)

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

(RELATIONSHIP)

for the burial or cremation of the remains of deceased

Joseph A. Dickelmann  
Signature  
Joseph A. Van Mat Walter B. Boohe  
5763 1203

ORDER NO. 27022

DATE 12-25-38

NUMBER ISSUED 1

SEARCHER 89M

PHOTO. OP. 4M

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12/25/38 9 AM  
J. DORE