

8832

HEALTH DEPARTMENT OF THE CITY OF BROOKLYN.

THE BOARD OF HEALTH, OF THE CITY OF BROOKLYN, HAS ORDERED:

That no interment or disinterment, or any removal from or in the City of Brooklyn, of the body of any deceased person shall be made without a permit therefor, given by said Board of Health.—Secs. 143, 144 and 147, Sanitary Code.

The Physician who attended any person in a last illness, is responsible for the presentation of a Certificate of Death ACCURATELY FILLED OUT, to the Office of the Board of Health, within THIRTY-SIX HOURS after said person's death.—Secs. 152 and 153, Sanitary Code.

All the blanks should be filled in, so far as possible; if the facts are not known, this may be indicated by the word "Unknown."

**No Permit for Burial will be granted without a Certificate filled out as required.
Imperfect Certificates will be returned for correction.**

CERTIFICATE OF DEATH.

7701

1. Full Name { Give family name, exactly and plainly. } Ludwig Seckelmann
of Deceased, { If an infant not named, give both parents' names. }
2. Age, 8 years, 2 months, 8 days. Color { If not }
{ white race. }
3. Single, Married, Widow or Widower, { Cross out the words not }
{ required in this line. } 4. Occupation, _____
5. Birthplace, { State or } Brooklyn { How long in the United }
{ Country. } { States, if of foreign birth. } years.
6. How long resident in this City, 2 months years.
7. Father's Birthplace, { State or } Germany
{ Country. }
8. Mother's Birthplace, { State or } Germany
{ Country. }
9. Place of Death, { If an Institution, } No. 241 Derwent Street, 12 Ward.
{ please state the name. }
10. Number of families in house, 5 families 11. What Floor, 1st floor
12. I Hereby Certify, that I attended deceased from 31. August 1879 to 13 Sept 1879,
that I last saw him alive on the 13 day of September 1879, that she died on the
13 day of September 1879, about 11 o'clock, A. M. or P. M., and that the following was

The Cause of Death:

Time from Attack till Death:—if unknown, so state.

- ★ { I. Marasmus
II. Convulsions } About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, B. E. Signed by Edward Goettker, M. D.,
Date of Burial, 14th of Sep 1879 Medical Attendant.
{ Undertaker, L. Smith
{ Place of Business, 246 Derwent Address, 160 Ave. 18th St. Brooklyn, N.Y.

- ★ I. Name the Organic, Principal, or most influential Disease or Injury. (If an autopsy was made, please so state.)
★ II. Any Complication, remote cause, important event (as Operation, in Surgical Cases,) or the Manner of Dying (as Asphyxia, Asthenia, Syncope, etc.),
or prominent symptom (as Convulsions, Dropsy, Jaundice, Paralysis, etc.),

HEALTH DEPARTMENT OF THE CITY OF BROOKLYN

THE BOARD OF HEALTH OF THE CITY OF BROOKLYN HAS ORDERED:

That no interment or disinterment in any removal house in the City of Brooklyn or the body of any deceased person shall be made without a permit therefor, given by said Board of Health. - Secs 143, 144 and 147, Sanitary Code.

The Physician who attended any person in a last illness is responsible for the presentation of a Certificate of Death ACCURATELY FILLED OUT to the Office of the Board of Health within THIRTY-SIX HOURS after said person's death. - Secs 143 and 144, Sanitary Code.

All the blanks should be filled in so far as possible with the facts as they are and known. This may be indicated by the word "Unknown."

No Permit for burial will be granted without a Certificate filled out and returned.

Important Certificate will be returned for correction.

CERTIFICATE OF DEATH.

7501

Name of Deceased (If an infant, give date of birth and place of birth.)	
Date of Death (If an infant, give date of birth and place of birth.)	
Place of Death (If an infant, give date of birth and place of birth.)	
Cause of Death (If an infant, give date of birth and place of birth.)	
Time from Attack till Death - If unknown, so state.	

Signature of Physician (If an infant, give date of birth and place of birth.)	
Signature of Registrar (If an infant, give date of birth and place of birth.)	
Address of Deceased (If an infant, give date of birth and place of birth.)	
Date of Burial (If an infant, give date of birth and place of birth.)	
Place of Burial (If an infant, give date of birth and place of birth.)	

★ The Registrar is responsible for the accuracy of the information furnished by the Physician. (If an infant, give date of birth and place of birth.)