

DEPARTMENT OF HEALTH OF THE CITY OF BROOKLYN.

2380

CERTIFICATE OF DEATH.

1.—Full Name,* Alexander Deckelmann

2.—Age, 5 years, 11 months, 21 days.

3.—Sex, Male, ~~Female~~.* 4.—White, ~~Colored~~.*

5.—Single, ~~Married~~, ~~Widow~~, ~~Widower~~.*

6.—Birthplace, Brooklyn

7.—Occupation, _____

8.—If of foreign birth, how long in the U. S. _____ years.

9.—How long resident in City, _____ years.

10.—Father's Birthplace,* Germany

11.—Mother's Birthplace,* Germany

12.—Place of Death,* No. 157 Bushwick Ave Brooklyn, Ward 18th

13.—Number of Families in House, four

14.—On what Floor, 2nd

15.—I HEREBY CERTIFY that I attended the deceased from February 1st 1885, to March 2 1885, that I last saw him in alive on the 2nd day of March 1885; that he died on the 3 day of March 1885, about 2 o'clock A. M. or ~~P. M.~~, and that the following was the

16.—Cause of Death,*

I. Pneumonia

II. Oedema of the lungs Heart failure

Time from attack till death, 3 days

This Certificate delivered to Mr. Deckelman at 8 A M., March 3 1885

Signed by Henry J. Allen M. D., 188 Bushwick Street or Avenue.

Medical Attendant. Address.

17.—Place of Burial, *Holy Trinity* Cemetery.

18.—Date of Burial, *4th of March 1885*

In case of contagious diseases, A. M. or P. M.

19.—Undertaker, *Geo. Steinmetz*

Place of Business, *170 Montross*

2380

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Write FAMILY NAME plainly and exactly. If the deceased was a child *not named*, state the names of both parents.

8, 4, 5, 15.—Draw a line through the words *not required* on these lines.

6, 10, 11.—Insert name of State or Country.

12.—If in a *Public Institution*, please state its name, and erase line 13.

10.—I. Name the *Organic*, Principal, or most influential Disease or Injury. If an autopsy was made, please so state.

II. Name 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.) If the disease was Puerperal in origin, this should be stated.

18.—Small-Pox, Scarlet Fever, Diphtheria, Measles.

Note to Undertakers.—Physicians are responsible for the correctness of all facts inserted upon the face of this certificate; therefore no changes or additions made by undertakers or others can be accepted.

The law requires that the remains of those dying from a contagious disease shall be immediately disinfected, placed in a tightly sealed coffin, and that the interment shall take place within 24 hours after death, and be strictly private; and that the remains be conveyed in a hearse—the use of carriages or wagons for this purpose not being permitted. Undertakers and all other persons having charge of the remains of deceased persons, are responsible for any violation of these rules.

Office for Burial Permits, Municipal Department Building.

Hours from 9 to 4. Sundays and Holidays, 9 to 12.