

DEPARTMENT OF HEALTH OF THE CITY OF BROOKLYN.

CERTIFICATE OF DEATH.

7413

1.—Full Name,*

*Philip Beckelmann*2.—Age, *53* years, *8* months, *19* days.3.—Sex, Male, **Female.***4.—White, **Colored.***5.—Single, Married, Widow, **Widower.***

6.—Birthplace,

Germany

7.—Occupation,

*Hotelkeeper*8.—If of foreign birth, how long in the U. S. *26* years.

9.—How long resident in City,

18

years.

10.—Father's Birthplace,*

Germany

11.—Mother's Birthplace,*

Germany

12.—Place of Death,* No.

*410 Knickerbocker Avenue*Brooklyn, Ward *28*

13.—Number of Families in House,

four

14.—On what Floor,

second

15.—I HEREBY CERTIFY that I attended the deceased from

*January 14th*189*6*, to*April 25th*189*6*,

that I last saw him alive on the

25th

day of

*April*189*6*; that he died on the*25th*

day of

*April*189*6*, about*3*

o'clock A M. or P.M., and that the following was the

16.—Cause of Death,*

Time from attack till death,

I.

*Valvular Disease of Heart**unknown*

II.

collapse

This Certificate delivered to

Mr. Pelt

at

*84 M., April 27th*189*6*.

Signed by

Francis W. Schlich

M. D.,

No.

28 Jefferson

Street or Avenue

Address.

Medical Attendant.

* See other side for explanations and directions.

17.—Place of Burial, St. Johns Cemetery.
18.—Date of Burial, April 28 1896
19.—Undertaker, George Peth

In case of contagious diseases, _____ A. M. or P. M.
Place of Business, 127 Boerum

7413

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

3, 4, 5, 15.—Draw a line through the *words not required* on these lines.

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

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

16.—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 (Asphyxia, Asthenia, Syncope, etc.), or prominent symptoms (as Convulsions, Dropsy, Jaundice, Paralysis, etc.) If the disease was Puerperal in origin, this should be stated.

CONTAGIOUS DISEASES.—Small Pox, Scarlet Fever, Diphtheria, Measles, Yellow Fever, Cholera.

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, 38 and 40 Clinton Street.

Hours from 9 to 5, Saturdays, 9 to 4, Sundays and Holidays, 9 to 12.