

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF BronxNo. 895 Grand St.Character of premises,
whether tenement, private,
hotel, hospital or other place, etc. ResidenceRegistered No. 24962 FULL NAME Louisa Deckelmann3 SEX Female4 COLOR OR RACE White5 SINGLE
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) Single15 DATE OF DEATH Jan. 28, 1920
(Month) (Day) (Year)6 DATE OF BIRTH June 18, 1912
(Month) (Day) (Year)7 AGE 7 yrs. 7 mos. 10 ds.
If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

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

9 BIRTHPLACE

(State or country) U.S.(9) How long in
(A) U. S. (if of for-
eign birth) Live(9) How long resi-
(B) dent in City
of New York Live10 NAME OF
FATHER Frank Deckelmann11 BIRTHPLACE
OF FATHER
(State or country) U.S.12 MAIDEN NAME
OF MOTHER Mary Gerswein13 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 } _____

16 I hereby certify that the foregoing particulars
(Nos. 1 to 14 inclusive) are correct as near as the
same can be ascertained, and I further certify that
I attended the deceased from Oct 20, 1919
to Jan 28, 1920, that I last saw her
alive on the 28 day of Jan, 1920,
that death occurred on the date stated above at 5 P. M.,
and that the cause of death was as follows:

Acute pneumonia
Thrombosis

duration 3 yrs. 3 mos. 0 ds.Contributory Myocarditis
(Secondary)duration 2 yrs. 0 mos. 0 ds.Witness my hand this 28 day of Jan, 1920.Signature J. M. D.Address 135th St.

FILED

JAN 28 1920

17 PLACE OF BURIAL St. John's Cem.DATE OF BURIAL Jan. 31, 192018 UNDERTAKER Jacob BailmanADDRESS 23 Olive St.
 MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

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, ch. 284, & 2. In effect Jan. 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,	Haemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyaemia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
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*, *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.

I hereby certify that I have been employed as undertaker by Frank Drekelmann
(NAME)
 the Father of deceased. This statement is made to obtain a permit
(RELATIONSHIP)
 for the burial or cremation of the remains of deceased Louisa Drekelmann
 Signature Jacob Drekelmann