

1 PLACE OF DEATH

STATE OF NEW YORK

BOROUGH OF

Department of Health of The City of New York
BUREAU OF RECORDS

No.

STANDARD CERTIFICATE OF DEATH

270

Character of premises,
whether tenement, private,
hotel, hospital or other place, etc.

private

Registered No.

270

2 FULL NAME

Mary E. Ackelmann

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

15 DATE OF DEATH

female

white

widowed

January 1

(Month)

(Day)

19 24
(Year)

6 DATE OF BIRTH

7 AGE

86

yrs.

mos.

ds.

If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work

Housewife

(b) General nature of industry,
business or establishment in
which employed (or employer)

9 BIRTHPLACE

(State or country)

Germany

(9) How long in

(A) U. S. (if of foreign birth)

75 yrs

(9) How long resident

(B) in City of New York

50 yrs

10 NAME OF
FATHER

Karl von Daniels

11 BIRTHPLACE
OF FATHER

(State or country)

Germany

12 MAIDEN NAME
OF MOTHER

Auguste Kniffler

13 BIRTHPLACE
OF MOTHER

(State or country)

Germany

14 Special INFORMATION required in deaths in hospitals and
institutions and in deaths of non-residents and recent residents.Former or
Usual Residence

FILED

JAN 3 - 1924

17 PLACE OF BURIAL

St. Johns Cemetery

18 UNDERTAKER

George Roth

DATE OF BURIAL

January 4, 1924

ADDRESS

1207 Myrtle Ave

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 26 Dec 1923
to January 1, 1924, that I last saw her
alive on the 102 day of January 1924,
that death occurred on the date stated above at
4 P. M., and that the cause of death was as follows:

Robert Pneumonia

Contributory
(Secondary)

duration yrs. mos. ds.

Witness my hand this 1 day of Jan 1924

Signature Dr. Frishbier M. D.

Address 690 Bushwick Ave.

737

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, 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 as undertaker by Wm Frischbie
(NAME)
the D daughter of deceased. This statement is made to obtain a permit
(RELATIONSHIP)
for the burial or cremation of the remains of deceased Mary E Deckelmann

Signature George Roth