

The special attention of Physicians is respectfully invited to the remarks below, and to the list of Diseases upon the back of this certificate.

# The Health Department of the City of New York

HAS MADE THE FOLLOWING ORDER:

2203844

"All Permits for the removal of the body of any deceased person from the City of New York for Interment, and all Burial Permits, and Permits for the Disinterment of the remains of deceased persons in the City of New York, shall be granted and signed by the Register of Records."

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the BUREAU OF VITAL STATISTICS, within 36 HOURS after said person's death. (Sec. 161 of Sanitary Code.)

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

All physicians practising in New York City (including those in public institutions) are required to register their names in the Bureau of Vital Statistics. (Sec. 5 of Sanitary Code.)

## CERTIFICATE OF DEATH.

1. Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give parents' names. *George Deckelmann*
2. Age, *80* years, \_\_\_\_\_ months, \_\_\_\_\_ days. Color, \_\_\_\_\_
3. *Single, Married, Widow or Widower*, (Cross out the words not required in this line.) 4. Occupation, \_\_\_\_\_
5. Birthplace, (State or Country.) *Bavaria* (How long in the United States, if of foreign birth.) *about 40 years*
6. How long resident in this City, *40 years*
7. Father's Birthplace, (State or Country.) *Bavaria*
8. Mother's Birthplace, (State or Country.) *Bavaria*
9. Place of Death, No. *170 West Broadway Street*, *5<sup>th</sup>* Ward.
10. If a Dwelling, by how many families, living separately, occupied, *four*
11. I Hereby Certify, that I attended deceased from *April 8<sup>th</sup> 1875* to *April 10<sup>th</sup> 1875* that I last saw him alive on the *10<sup>th</sup>* day of *April* 1875, that he died on the *10<sup>th</sup>* day of *April* 1875, about *11* o'clock, A. M. ~~or P. M.~~, and that the Cause of death was:

First (Primary), *General debility*

Second (Immediate), \_\_\_\_\_

Time from Attack till Death:  
(Write opposite each cause—if unknown it should be so stated.)

*about 6 months*

All the above information should be furnished by the Physician.

Place of Burial, *Greenwood*

Date of Burial, *12<sup>th</sup>*

Undertaker, *John Detmer*

Place of Business, *60 Carmaine St*

Signed by

*Ch. A. Eichler, M. D.,*  
Medical Attendant.

Address, *235 Thompson St*

Rooms for granting Burial Permits, Nos. 48 and 51. Hours from 7 A. M. to 6 P. M. on week days; from 8 A. M. to 5 P. M. on Sundays and Legal Holidays.

Please examine the list of Diseases on the back of this Certificate.



The attention of Physicians is earnestly invited to the following list of diseases, in reference to which the particulars specified are essential to the proper classification of causes of death, and consequently to the accuracy and usefulness of our statistics of mortality. It is respectfully suggested that a negative statement is often as important as a positive one—for instance, "ABORTION—At two months—METRITIS—No cause discoverable." CANCER OF STOMACH—Not hereditary, as far as known." ERYSIPELAS OF HEAD—Not of traumatic origin." GANGRENE OF LEG—No definite cause." METRITIS—Not puerperal." SMALL-POX—Patient never vaccinated." OVARIAN TUMOR—No operation," etc.

- ABSCESS—Location, and Cause, if any.
- †ANEURISM—Vessel involved, and Mode of Death. Whether Operation.
- \*ABORTION AND MISCARRIAGE—Cause, Mode of Death, and Period of Gestation.
- CEREBRO-SPINAL MENINGITIS—Variety, whether probably Zymotic (Cerebro-Spinal Fever), or a simple Inflammation.
- CHILDBIRTH—Circumstances producing Death.
- CANCER—Variety and seat; whether hereditary or not.
- †CALCULUS—Mode of death; whether after Operation, and if so, what one.
- CARBUNCLE—Location.
- CONGESTIVE FEVER—Variety.
- CONTINUED FEVER—whether simple Continued Fever or other variety.
- DENTITION—Mode of Death.
- DISEASE OF HEART—Variety. Valves involved, if any.
- DROPSY—Variety and Cause.
- ENTERITIS AND GASTRO-ENTERITIS—Cause, if known. Whether Diarrhœal or not.
- \*ERYSIPELAS—Seat and Cause. If Traumatic, how produced.
- \*FRACTURES—Cause and Mode of Death. (State nature of Accident, etc., clearly.)
- \*GANGRENE—Seat and Cause.
- GASTRIC FEVER—Whether Remittent, Typhoid, etc., or simple Gastritis.
- GASTRITIS—Whether simple, or from a definite cause.
- †HERNIA—Variety and Mode of Death. Whether any Operation.
- INSANITY—Variety and mode of Death.
- INTERMITTENT FEVER—Variety, as Quotidian, Tertian, etc.
- JAUNDICE—Cause.
- MALARIAL FEVER—Variety.
- MALIGNANT PUSTULE—Location and Cause. Whether probably dependent on contagion or not.
- MALFORMATION (Congenital)—Variety.
- METRITIS—Variety and Cause—(whether Puerperal or not.)
- NECROSIS AND CARIES—Seat, Original Cause, and Mode of Death.
- †OVARIAN TUMOR—Mode of Death. Whether Operation.
- PARALYSIS—Variety and Cause.
- \*PERITONITIS—Variety—Whether Simple, Puerperal, Traumatic, etc.; and if the last, how produced.
- PHLEBITIS—Cause, Seat and Variety.
- \*PYÆMIA—Cause, Nature of antecedent injury, if any, and how produced.
- \*PREMATURE BIRTH—Probable Cause. Foetal Age.
- PRETERNATURAL OR ABNORMAL BIRTH—Manner of.
- SMALL-POX—How often, and when patient Vaccinated.
- SYPHILIS—Variety, Chief Location, and Mode of Death.
- \*TETANUS—Whether Idiopathic or Traumatic. Nature of antecedent injury, if any, and how produced.
- †TUMOR—Location, Variety, and Mode of Death. Whether Operation.
- ULCERS—Nature, Chief Location, and Mode of Death.
- URÆMIA—Cause or Associate Affection. Whether Puerperal.
- \*WOUNDS—Cause, Variety, Seat, and Mode of Death.
- \*Particularize any *Accident or other Violent Cause* leading to Death, and *Character of Injury*.
- †Specify every *Surgical Operation* with fatal result, and state the disease which necessitated it.
- Mention **INTEMPERANCE** whenever recognized as having produced or complicated the direct cause of death. Give as many particulars as possible in instances of rare diseases, such as Hydrophobia, Glanders, etc.