

The Health Department of the City of New York

HAS MADE THE FOLLOWING ORDER:

"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. } Sophia Seckelmann
2. Age, years, months, 13 days. Color, white
3. Single, Married, Widow or Widower, (Cross out the words not required in this line.) 4. Occupation,
5. Birthplace, (State or Country.) New York City (How long in the United States, if of foreign birth.)
6. How long resident in this City, 13 days
7. Father's Birthplace, (State or Country.)
8. Mother's Birthplace, (State or Country.) Germany
9. Place of Death, No. 408 W 50th Street, 22 Ward.
10. If a Dwelling, by how many families, living separately, occupied, 4 first floor
11. I Hereby Certify, that I attended deceased from 25th Novemb 1875 to 27th Novemb 1875 that I last saw her alive on the 27th day of November 1875, that she died on the 27th day of November 1875, about 10 o'clock, A. M. or P. M., and that the Cause of her death was:

Time from Attack till Death:

(Write opposite each cause—if unknown it should be so stated.)

First (Primary), Meningitis

Second (Immediate), Convulsions

All the above information should be furnished by the Physician.

Place of Burial, Lutheran Cemetery

Date of Burial, Nov 28th 1875

{ Undertaker, Arnd Timm

{ Place of Business, 738th Ave

Signed by

J. Marcinkowski, M. D.,
Medical Attendant.

Address, 363 W 50th 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.

SECTION 1. Regulating Coroners' Inquests in the County of New York, Chapter 462, Laws of 1871: Hereafter, when, in the City and County of New York, any person shall die from criminal violence, or by a casualty or suddenly, when in apparent health, or when unattended by a physician, or in prison, or in any suspicious or unusual manner, the Coroner shall subpoena a properly qualified physician, who shall view the body of such deceased person externally, or make an autopsy thereon, as may be required, preparatory to an inquest.

Continued

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.

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| <p>ABSCCESS—Location, and Cause, if any.</p> <p>†ANEURISM—Vessel involved, and Mode of Death.</p> <p style="padding-left: 20px;">Whether Operation.</p> <p>*ABORTION AND MISCARRIAGE—Cause, Mode of Death, and Period of Gestation.</p> <p>CEREBRO-SPINAL MENINGITIS—Variety, whether probably Zymotic (Cerebro-Spinal Fever), or a simple Inflammation.</p> <p>CHILDBIRTH—Circumstances producing Death.</p> <p>CANCER—Variety and seat; whether hereditary or not.</p> <p>†CALCULUS—Mode of death; whether after Operation, and if so, what one.</p> <p>CARBUNCLE—Location.</p> <p>CONGESTIVE FEVER—Variety.</p> <p>CONTINUED FEVER—whether simple Continued Fever or other variety.</p> <p>DENTITION—Mode of Death.</p> <p>DISEASE OF HEART—Variety. Valves involved, if any.</p> <p>DROPSY—Variety and Cause.</p> <p>ENTERITIS AND GASTRO-ENTERITIS—Cause, if known.</p> <p style="padding-left: 20px;">Whether Diarrhoeal or not.</p> <p>*ERYSIPELAS—Seat and Cause. If Traumatic, how produced.</p> <p>*FRACTURES—Cause and Mode of Death. (State nature of Accident, etc., clearly.)</p> <p>*GANGRENE—Seat and Cause.</p> <p>GASTRIC FEVER—Whether Remittent, Typhoid, etc., or simple Gastritis.</p> <p>GASTRITIS—Whether simple, or from a definite cause.</p> <p>†HERNIA—Variety and Mode of Death. Whether any Operation.</p> <p>INSANITY—Variety and mode of Death.</p> <p>INTERMITTENT FEVER—Variety, as Quotidian, Tertian, etc.</p> <p>JAUNDICE—Cause.</p> <p>MALARIAL FEVER—Variety.</p> <p>MALIGNANT PUSTULE—Location and Cause. Whether probably dependent on contagion or not.</p> <p>MALFORMATION (Congenital)—Variety.</p> | <p>METRITIS—Variety and Cause—(whether Puerperal or not.)</p> <p>NECROSIS AND CARIES—Seat, Original Cause, and Mode of Death.</p> <p>†OVARIAN TUMOR—Mode of Death. Whether Operation.</p> <p>PARALYSIS—Variety and Cause.</p> <p>*PERITONITIS—Variety—Whether Simple, Puerperal, Traumatic, etc.; and if the last, how produced.</p> <p>PHLEBITIS—Cause, Seat and Variety.</p> <p>*PYÆMIA—Cause, Nature of antecedent injury, if any, and how produced.</p> <p>*PREMATURE BIRTH—Probable Cause. Foetal Age.</p> <p>PRETERNATURAL OR ABNORMAL BIRTH—Manner of.</p> <p>SMALL-POX—How often, and when patient Vaccinated.</p> <p>SYPHILIS—Variety, Chief Location, and Mode of Death.</p> <p>*TETANUS—Whether Idiopathic or Traumatic. Nature of antecedent injury, if any, and how produced.</p> <p>†TUMOR—Location, Variety, and Mode of Death.</p> <p style="padding-left: 20px;">Whether Operation.</p> <p>ULCERS—Nature, Chief Location, and Mode of Death.</p> <p>UREMIA—Cause or Associate Affection. Whether Puerperal.</p> <p>*WOUNDS—Cause, Variety, Seat, and Mode of Death.</p> <p style="padding-left: 20px;">*Particularize any Accident or other Violent Cause leading to Death, and Character of Injury.</p> <p style="padding-left: 20px;">†Specify every Surgical Operation with fatal result, and state the disease which necessitated it.</p> <p style="padding-left: 20px;">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.</p> |
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