

AA 12757 -1931

1 PLACE OF DEATH

BOROUGH OF

Manhattan

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS
CERTIFICATE OF DEATH

3972

No.

Metropolitan Hospital St.

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

38 Hospital

Registered No.

2 FULL NAME

Philip Deckelman

3 SEX

Male

4 COLOR OR RACE

White

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

Widower

15 DATE OF DEATH

February 16, 1932

5A WIFE
HUSBAND } OF

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

83

yrs. mos. ds.

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

8 OCCUPATION

(a) Trade, Profession or
particular kind of work
(b) General nature of industry,
business or establishment in
which employed (or employer)
(c) No. years
so occupied

Stationery Engineer

9 BIRTHPLACE
(State or country)

United States

(A) How long in
U. S. (if of for-
eign birth)

Life

(B) How long resi-
dent in City
of New York

Life

PARENTS OF DECEASED

10 NAME OF
FATHER

John Deckelman

11 BIRTHPLACE
OF FATHER
(State or country)

Germany

12 MAIDEN NAME
OF MOTHER

Anna Mary Sitch

13 BIRTHPLACE
OF MOTHER
(State or country)

Germany

14 Special INFORMATION required in deaths in hospitals and insti-
tutions and in deaths of non-residents and recent residents.Former or
usual residence

405 East 86th Street

16 I hereby certify that the foregoing partic-
ulars (Nos. 1 to 15 inclusive) are correct as near
as the same can be ascertained, and I further
certify that I have this 17 day of February
1932, taken charge of the body of deceased
found at City Mortuary
and that I have investigated the essential facts
concerning the circumstances of the death.

17 I further certify that I have viewed said
body and from Examination
and evidence, that he died on the 16 day of
February 1932, at 10 P. M., and that
the chief and determining cause of his death
was Fracture of Neck of
Right Femur;
General arteriosclerosis
that the contributing causes were

Benj. Morgan Vauce
Assistant Medical Examiner.

Approved

Charles H. ...
Chief Medical Examiner.

FILED

FEB 18 1932

18 PLACE OF BURIAL

Calvary Cemetery

19 UNDERTAKER

Hugh P. Connolly

DATE OF BURIAL

Feb 20, 1932

ADDRESS

404 E 79th St.

Certificate received

2/17/32

R. J. M.

MEDICAL EXAMINERS' RETURNS

Order No. 11804
Date 2/18/32
Number Issued 65
Secretary
Transcriber

The Department of Health may, from time to time, make rules and regulations fixing the time of rendering and defining the form of returns and reports to be made to said department by the office of chief medical examiner of the City of New York, in all cases of death which shall be investigated by it; and the office of the chief medical examiner is hereby required to conform to such rules and regulations.—Sec. 1203, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915.

It shall be the duty of the next of kin of any person deceased, and of each person being with such deceased person at his or her death, to file a report in writing with the department of health within five days after such death, stating the age, color, nativity, last occupation and cause of death of such deceased person, and the borough and street, the place of such person's death and last residence. Physicians who have attended deceased persons in their last illness shall, in the certificate of the decease of such persons, specify, as near as the same can be ascertained, the name and surname, age, occupation, term of residence in said city, place of nativity, condition of life; whether single or married, widow or widower, color, last place of residence and the cause of death of such deceased persons, and the medical examiners of the city, shall, in their certificates conform to the requirements of this section.—(Sec. 1238, Chap. 466, Laws of 1901, as amended by Chap. 284, Laws of 1915. In effect January 1, 1918.)

Accident, suicide, or homicide? Accident Date of injury January 9, 1932

Where did injury occur? 72nd Street - Third Avenue
Specify whether injury occurred in industry, in home, or in public place

Manner of injury? Struck by Taxicab

Nature of injury? Fracture of Neck of Right Femur

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 Margaret Gowen
(NAME)

the daughter of deceased. This statement is made to obtain a permit for the
(RELATIONSHIP)

burial or cremation of the remains of deceased Philip Deckelman

Signature Hugh P. Connolly

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

A

BORO

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