

CERTIFICATE AND RECORD OF DEATH

263

Carolina Beckelmann

I hereby certify that I attended deceased from *February 1st 1890*, to *February 8th 1890*
 that I last saw *her* alive on the *8th* day of *February* 189*0*, that *she* died on the
8th day of *February* 189*0*, about *2* o'clock A. M. or *P. M.*, and that to best of my
 knowledge and belief, the cause of *her* death was as hereunder written. (If under one year old, state how fed.)

Valvular Heart Disease
Debility & Collapse

SEE RULES ON THE OTHER SIDE.

Witness my hand this

day of

*8th February 1890*Place of Burial, *Trinity* (SIGNATURE),Date of Burial, *Feb 10th 1890*Undertaker, *Sw. Stenger* RESIDENCE,Residence, *289 St. Nicholas Ave*

Chas. W. H. Schenck M. D.
309 Wyckoff Ave

Date of Death.	<i>February 8th 1890</i>
Full Name.	<i>Carolina Beckelmann</i>
Age, in years, mos. and days.	<i>48 years.</i>
Color.	<i>White.</i>
Single, Married or Widowed.	<i>Widowed.</i>
Occupation.	<i>Superintendent.</i>
Birthplace.	<i>Hennau.</i>
How long in U. S. if foreign born.	<i>20 years.</i>
How long resident in City of New York.	<i>20 years.</i>
Father's Name.	<i>Leopold Beckelmann</i>
Father's Birthplace.	<i>Hennau.</i>
Mother's Name.	<i>Julia Beckelmann</i>
Mother's Birthplace.	<i>Hennau.</i>
Place of Death.	<i>Wyckoff Ave. Ridgeway St.</i>
Last place of Residence.	<i>" " "</i>
Class of Dwelling (a person living in a tenement house is counted by more than two families.)	<i>Private.</i>
Direct cause of Death.	<i>Valvular Heart Disease & Heart</i>
Indirect cause of Death.	<i>Debility & Collapse.</i>
Date of Record.	<i>February 8th 1890</i>

RECEIVED
 10 A.M.
 FEB 9 1900
 BOROUGH OF QUEENS.

N. B.—A certificate of death is a document of great importance. More than 10,000 copies of such certificates are issued annually from this office, for use here and abroad as legal proof of death. It is essential, therefore, that the particulars called for shall be given **correctly, legibly, and as fully as possible.**

TO PHYSICIANS.

1. The attending physician must furnish a certificate within 36 hours after death (Sanitary Code, Section 180).
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 5).
3. If a person dies from **criminal violence, or by a casualty, or suddenly while in apparent health, or when unattended by a physician, or in prison, or in any suspicious or unusual manner,** the case must be referred to the Coroners' office (Chapter 410, Section 1773, Laws of 1882).
4. Certificates **will be returned for additional information,** which give any of the following diseases, without explanation, as the sole cause of death :

Abortion,	Gangrene,	Necrosis,
Abscess,	Gastritis,	Peritonitis,
Cellulitis,	Erysipelas,	Phlebitis,
Childbirth,	Meningitis,	Pyæmia,
Convulsions,	Metritis,	Septicæmia,
Hemorrhage,	Miscarriage,	Tetanus.

(Any one of these may be the result of an injury, and thus be a subject for investigation by a Coroner. 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.

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.