

CITY OF NEW YORK.

STATE OF NEW YORK.

2440

No. of Certificate.

## CERTIFICATE AND RECORD OF DEATH

2440

Ernest Deckelman

OF

I hereby certify that I attended deceased from Nov. 6, 1900, to Nov. 9, 1900  
 that I last saw him alive on the 9 day of Nov., 1900, that he died on the  
10 day of Nov., 1900, about 12 o'clock A.M. or P.M., and that to best of my  
 knowledge and belief, the cause of his death was as hereunder written. (If under one year old, state how fed.)

Capillary Bronchitis

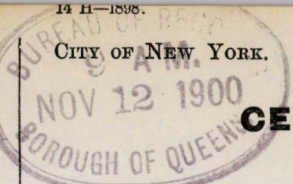
(Breast Milk)

SEE RULES ON THE OTHER SIDE.

Witness my hand this 11 day of Nov., 1900  
 Place of Burial, Lutheran Church (SIGNATURE), Vincent E. Hudson, M. D.  
 Date of Burial, Nov. 12, 1900  
 Undertaker, J. E. Lutz RESIDENCE, 71 Brunner Ave. Bklyn  
 Residence, 132 Stage St. Bklyn

Date of Death.	Nov. 10, 1900
Full Name.	Ernest Deckelman
Age, in years, mos. and days.	12 days
Color.	White
Single, Married or Widowed.	—
Occupation.	—
Birthplace.	5 <sup>th</sup> St., Macbeth, Swedenb.
How long in U. S. if foreign born.	—
How long resident in City of New York.	12 days
Father's Name.	John Deckelman
Father's Birthplace.	Germany
Mother's Name.	Henrietta Deckelman
Mother's Birthplace.	Germany
Place of Death.	5 <sup>th</sup> St., Macbeth, Swedenb.
Last place of Residence.	—
Class of Dwelling (A rooming house occupied by more than two families).	Private
Direct cause of Death.	Capillary Bronchitis
Indirect cause of Death.	Scouring
Date of Record.	

NO MUTILATED CERTIFICATE WILL BE RECEIVED.



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,  
Abscess,  
Cellulitis,  
Childbirth,  
Convulsions,  
Hemorrhage,**

**Gangrene,  
Gastritis,  
Erysipelas,  
Meningitis,  
Metritis,  
Miscarriage,**

**Necrosis,  
Peritonitis,  
Phlebitis,  
Pyæmia,  
Septicæmia,  
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.