

## Department of Health of The City of New York

BOROUGH OF

## BUREAU OF RECORDS

## CERTIFICATE OF DEATH

No. 10939-142 St.

(If institution, state name)

Character of premises,  
whether tenement, private,  
hotel, hospital or other place, etc.Private.Jamaica R. A. 1502Registered No. 33<sup>2</sup> FULL NAME female white infant Beckelman

3 SEX

4 COLOR OR RACE

5 SINGLE,

MARRIED,

WIDOWED

or DIVORCED

(Write the word)

15 DATE OF DEATH

6 DATE OF BIRTH

7 AGE

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.

9 BIRTHPLACE

(State or country)

(A) How long in  
U. S. (if of for-  
eign birth)(B) How long resi-  
dent in City  
of New York

PARENTS OF DECEASED

10 NAME OF  
FATHER11 BIRTHPLACE  
OF FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or country)14 Special INFORMATION required in deaths in hospitals and insti-  
tutions and in deaths of non-residents and recent residents.Former or  
usual residence }

<sup>16</sup> 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 4 day of March  
1930, taken charge of the body of deceased  
found at 10939-142 St.  
and that I have investigated the essential facts  
concerning the circumstances of the death.

<sup>17</sup> I further certify that I have viewed said  
body and from examination  
and evidence, that he died on the 4 day of  
March 1930, at 6 a M., and that  
the chief and determining cause of his death  
was

premature birth  
7th month  
that the contributing causes were stated

Approved

Assistant Medical Examiner.

Chief Medical Examiner.

FILED

MAR 5 1930

18 PLACE OF BURIAL

19 UNDERTAKER

DATE OF BURIAL

ADDRESS

Calvary CemeteryA. Shanley3/5, 1930Jamaica

1388



## MEDICAL EXAMINERS' RETURNS

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 is 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? ..... Date of injury ..... 19 .....

Where did injury occur? .....  
Specify whether injury occurred in *industry*, in *home*, or in *public place*

Manner of injury? .....

Nature of injury? .....

## 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 .....

*Harry Deckelman*  
(NAME)

the ..... of deceased. This statement is made to obtain a permit for the

(RELATIONSHIP)

burial or cremation of the remains of deceased .....

*Baby Girl Deckelman*

Signature .....

*L. A. Shaughnessy*