

STATE OF NEW YORK

## Department of Health of The City of New York

## BUREAU OF RECORDS

## CERTIFICATE OF DEATH

8196

8196

10202

## 1 PLACE OF DEATH

BOROUGH OF QueensNo. 37-34-62nd Street Woodside L.I. St.

(If institution, state name)

Character of premises,  
whether tenement, private,  
hotel, hospital or other place, etc. PrivateRegistered No. 8196<sup>2</sup>PRINT FULL NAME JOSEPH KILLE

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Widower</u>
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15 DATE OF DEATH
<u>December</u> <u>26</u> , 19 <u>34</u>
(Month) (Day) (Year)

5A WIFE } OF

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE OF DECEDENT  
54 yrs. mos. da. or min. ?  
If LESS than 1 day, hrs.8 OCCUPATION  
(a) Trade, Profession or particular kind of work Conductor  
(b) General nature of industry, business or establishment in which employed (or employer)  
(c) No. years so occupied9 BIRTHPLACE (State or country) U.S.A.(9) How long in U. S. (if of foreign birth) Life (9) How long resident in City of New York Life

PARENTS OF DECEASED	10 NAME OF FATHER OF DECEDENT <u>Joseph Kille</u>
	11 BIRTHPLACE OF FATHER OF DECEDENT (State or country) <u>Germany</u>
	12 MAIDEN NAME OF MOTHER OF DECEDENT <u>Mary Ackermann</u>
	13 BIRTHPLACE OF MOTHER OF DECEDENT (State or country) <u>Germany</u>

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.

Former or usual residence 37-34-62nd Street Woodside L.I.  
Informant

<sup>16</sup>I hereby certify that the foregoing particulars (Nos. 1 to 15 inclusive) are correct as near as the same can be ascertained, and I further certify that I have this 28 day of December 1934, taken charge of the body of deceased found at QUEENSBORO MORTUARY 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 26 day of December 1934, at ? M., and that the chief and determining cause of his death was Cornary Occlusion arterial disease that the contributing causes were

Approved

Assistant Medical Examiner.

Chief Medical Examiner.

FILED

18 PLACE OF BURIAL

St. Mary Con. Oberburg P. 2

19 UNDERTAKER

Chas. S. Traynor  
#122

DATE OF BURIAL

Dec. 31, 1934

ADDRESS

131 Morningside Ave.

DEC 28 1934

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 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?.....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, without any solicitation on my part or that of any other person, as undertaker herein by Minnie Kelle of 971 Kelly St. who is the daughter and only surviving relative and the nearest surviving relative or next of kin of the deceased. This statement is made to obtain a permit for the burial or cremation of the remains of the deceased.

(Signature).....Chas. S. Grayson.....  
Business Address.....131 Morningside Ave.....

Permit Number (Undertaker's).....122.....

If another undertaker in your employ is to take personal charge of the work in the care, preparation or other disposition of such dead human body, give his name and State Licence number.

State Licence No.....

Signature on Return