

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

BOROUGH OF BronxNo. 2675 Heath Ave St.

5404

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

Registered No.

2 FULL NAME Gartland Lake3 SEX male4 COLOR OR RACE white

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word) married15 DATE OF DEATH July 28, 1918

(Month) (Day) (Year)

6 DATE OF BIRTH July 29, 1889

(Month) (Day) (Year)

7 AGE 68 yrs. 11 mos. 30 ds.If LESS than
1 day, ... hrs.
or ... min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work Tallyman(b) General nature of industry,
business or establishment in
which employed (or employer) Fruit steamer9 BIRTHPLACE
(State or country) N.Y. City(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 Portland Lake11 BIRTHPLACE
OF FATHER
(State or country) Newtown L.I.12 MAIDEN NAME
OF MOTHER Agnes Garrett13 BIRTHPLACE
OF MOTHER
(State or country) N.Y. City14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
usual residence } 2275 Mission St.

16 I hereby certify that the foregoing partic-
ulars (Nos. 1 to 14 inclusive) are correct as near
as the same can be ascertained, and I further
certify that I attended the deceased from
Apr. 25 1917 to July 27 1918,
that I last saw him live on the 27 day of
July 1918, that death occurred on
the date stated above at 5:50 M., and that
the cause of death was as follows:

Chronic Endocarditis
79
20 duration 1 yrs. 6 mos. ... ds.

Contributory
(Secondary)

Chronic Nephritis
duration ... yrs. ... mos. ... ds.

Witness my hand this 29 day of July 1918Signature J. R. Schreiner M. D.Address 2275 Mission St.

FILED

JUL 29 1918

17 PLACE OF BURIAL Cedar GroveDATE OF BURIAL July 3, 191818 UNDERTAKER Wm. J. SchumacherADDRESS 168 W. 225 St.MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

TO PHYSICIANS.

1. The attending physician must furnish a certificate to the Department of Health within 36 hours after death, and where death has resulted from infectious or contagious disease a certificate must be furnished by him **forthwith** (Sanitary Code, Sections 135 and 161).

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 160).

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 Coroner; any person who may become aware of a death in the manner stated shall report such death forthwith to one of the Coroners, etc., etc. (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,	Haemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyæmia,
Childbirth,	Gastritis,	Miscarriage,	Septicaemia,
Convulsions,	Erysipelas,	Peritonitis,	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.

6. **Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile Factory*.

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

Josephine Lake
(NAME)

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

(RELATIONSHIP)

for the burial or cremation of the remains of deceased

Boitlandt Lake

Signature

Wm J. Schumacher