

# Certificate of Death

12401

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Certificate No. ....

1. NAME OF DECEASED Solomon lake  
(Print or Type-write) First Name Middle Name Last Name Social Security Number

## PERSONAL PARTICULARS (To be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State New York  
(c) City, Town or Village Kings New York  
(b) Co. Kings  
(d) No. 565 Schenck Ave. St.  
(e) Length of residence or stay in City of New York immediately prior to death 20 Yrs  
(If in rural area, give location)

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

4 WIFE } of Nachama  
HUSBAND }

5 DATE OF BIRTH OF DECEDENT (Month) (Day) (Year)

6 AGE 88 yrs. mos. days If LESS than 1 day, hrs. or min.

7 OCCUPATION  
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
B Industry or business in which work was done, as silk mill, sawmill, bank, own business, etc. Tailor

8 BIRTHPLACE OF DECEDENT: (a) State or Country Russia  
(b) County (c) City, Town or Village

9 OF WHAT COUNTRY WAS DECEDENT A CITIZEN AT TIME OF DEATH? U.S.

10 WAS DECEDENT WAR VETERAN? IF SO, NAME WAR

11 NAME OF FATHER OF DECEDENT Daniel Lake

12 BIRTHPLACE OF FATHER (State or country) Russia

13 MAIDEN NAME OF MOTHER OF DECEDENT Sarah Hahn

14 BIRTHPLACE OF MOTHER (State or country) Russia

15 SIGNATURE OF INFORMANT [Signature]

RELATIONSHIP TO DECEASED Son

ADDRESS 14 Bayshore Ave

22 PLACE OF BURIAL OR CREMATION Beth David Cem

DATE OF BURIAL OR CREMATION Dec 12 1943

23 FUNERAL DIRECTOR A. Fielman's Sons Und

ADDRESS 433 Grand St

PERMIT NUMBER 2296

## MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

### 16 PLACE OF DEATH:

(a) NEW YORK CITY: (b) Borough Bronx  
(c) Name of Hospital or Institution Parkchester General  
(If not in hospital or institution, give street and number.)  
(d) Length of stay at place of death immediately prior to death 1 day

17 DATE AND HOUR OF DEATH (Month) (Day) (Year) (Hour) December 11 1943 4 A.M.

18 SEX Male 19 COLOR OR RACE white 20 Approximate Age 87

21 I HEREBY CERTIFY that (I attended the deceased)\* (a staff physician of this institution attended the deceased)\* from Dec. 10 1943 to Dec. 11 1943

and last saw him alive at 5 P.M. on Dec. 11 1943

Statement of cause of death is based on (autopsy) (operation) (laboratory test) (clinical findings)\* (Cross out terms that do not apply.)

Principal cause of death

Chronic Myocarditis  
Broncho Pneumonia

DATE OF ONSET

2 days

Contributory causes and other conditions

Cerebral Hemorrhage

2 days

Autopsy:

Operation:

Date of (If none, so state)

Date of (If none, so state)

Condition for which performed:

Signature M. G. Goldberg M. D.

Address 1367 Castle Hill Ave Date 12/11/43



**PHYSICIAN'S SUPPLEMENTARY CERTIFICATE OF DEATH BY NATURAL CAUSES**

(Required in connection with Telephone Application for Removal Permit.)

**CAUTION TO PHYSICIANS: BEFORE SIGNING, READ THIS ENTIRE STATEMENT CAREFULLY.**

I hereby certify that the death of Solomon Lake  
(Print Name of Decedent)  
who died on 12/11/43, at Port Chester, General  
(Date of Death) (Place of Death)  
was not \* CAUSED DIRECTLY OR INDIRECTLY, BY ACCIDENT OF AN  
KIND, BY ACUTE OR CHRONIC POISONING, BY SUICIDE, BY CRIMINAL VIOLENCE, OR IN AN  
SUSPICIOUS OR UNUSUAL MANNER.

I further certify that in my opinion the cause of death of this person was not \* one that should  
reported to the Medical Examiner.

Date 12/11/43 M. G. Goldberg M.D.  
(Personal Signature of Physician)

\* The physician will personally complete this certification by inserting the words "was not" in each of these spaces.

**IMPORTANT NOTE TO PHYSICIAN**

Section 878-1.0 of the Administrative Code for the City of New York provides that the death of any person from criminal violence, by a casualty, by suicide, suddenly while in apparent health, when unattended by a physician, or any suspicious or unusual manner, shall be reported forthwith to the Office of the Chief Medical Examiner. Only the Medical Examiner may issue a death certificate in such cases.

**FAILURE TO REPORT TO THE MEDICAL EXAMINER IS A MISDEMEANOR.**

**TO FUNERAL DIRECTORS**

**Regulation 3, Section 46 of the Sanitary Code, provides that—**"No permit to remove, ship, cremate or bury remains . . . will be issued unless the funeral director applying for such permit shall sign his name . . . and shall certify in writing that he has been employed by the nearest surviving relative or next of kin."

**Removal of bodies prohibited without permit.** The regulations of the Board of Health prohibit the removal of the body of a human being, who died in the City of New York, unless a permit therefor has been obtained from the Department of Health, except when such removal is ordered in connection with an investigation conducted by the Office of the Chief Medical Examiner, a District Attorney or the Police Department.

**Permission to remove dead bodies granted by telephone.** In keeping with these regulations, the Department of Health will grant to Funeral Directors by telephone, permission for the removal of a body to a home or funeral chapel in the city, provided the application is made by a licensed Funeral Director who has the certificate of death in his possession at the time of telephoning. Such permission may be granted by the burial permit clerk in Manhattan when the office in the borough in which the death occurred, is closed. Removal of a body before obtaining permission may be penalized by suspension of telephone removal privilege, by court action, or by revocation of business permit. If the above Physician's Supplementary Certificate of Death by Natural Causes has been completed, it is not necessary for the Funeral Director to obtain a separate supplementary certification—Form 113-H.

**FUNERAL DIRECTOR'S CERTIFICATE**

I hereby certify that I have been employed, without any solicitation on my part or that of any other person, to dispose of the remains of Solomon Lake

by Abraham Lake of 14 Bayshore Ave Bayshore

who is the Son and the nearest surviving relative or next of kin of the decedent  
(Relationship)

Name of permittee Abraham Lake Permit No. 229

By Abraham Lake 258

(Signature of licensed manager of funeral director if other than permittee.)

**Must Be Filled In by the Funeral Director When Obtaining Removal Permit by Telephone**

Telephone Removal No. 11 granted by 21 Jones  
(Burial Clerk)

Date 12/11/43 Hour 9 (A.M.) (P.M.)  
(Funeral Director)

Deaths that are even remotely associated with an earlier accident, must be referred to the Medical Examiner.