

## 1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF

Manhattan

BUREAU OF RECORDS

## STANDARD CERTIFICATE OF DEATH

Name of Institution

New York Post Graduate Medical School &amp; Hospital

Register No.

3245

2 FULL NAME

John Henry Lake

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE,

MARRIED,

WIDOWED,

or DIVORCED

(Write the word)

Married

15 DATE OF DEATH

January

27

1931

(Month)

(Day)

(Year)

6 DATE OF BIRTH

Dec 5, 1894

1894

(Month)

(Day)

(Year)

7 AGE

36

yrs.

1

mos.

22

ds.

If LESS than

1 day, hrs.

or min.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Signal Maintainer

(b) General nature of industry, business or establishment in which employed (or employer)

(c) No. of years so occupied

9 BIRTHPLACE

(State or country)

United States

(A) How long in U. S. (if of foreign birth)

(B) How long resident in City of New York

Life

10 NAME OF FATHER

John Lake

11 BIRTHPLACE OF FATHER (State or country)

United States

12 MAIDEN NAME OF MOTHER

Ida Aranick

13 BIRTHPLACE OF MOTHER (State or country)

United States

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

Former or usual residence

3149 - 33 St. Astoria L.I.

Where was disease contracted, if not at place of death?

Home

16 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 deceased was admitted to this institution on January 13, 1931, that I last saw him alive on the 27 day of January 1931, that he died on the 27 day of January 1931, about 11:40 o'clock A. M. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during his last illness was:

Encephalitis Lethargica

duration — yrs. — mos. 25 ds.  
Contributory Broncho Pneumonia  
(Secondary)

duration — yrs. — mos. 3 ds.  
Witness my hand this 27 day of January 1931  
Signature Harry J. Johnson, M.D.  
House Physician

17 I hereby certify that I have this 28<sup>th</sup> day of January 1931, performed an autopsy upon the body of said deceased, and that the cause of his death was as follows:

Bronchopneumonia;  
Encephalitis

Signature J. S. Gural, M. D.  
Pathologist N.Y. Post Graduate Hospital

18 PLACE OF BURIAL Castleton Cemetery

Castleton on Hudson, N.Y.

DATE OF BURIAL

January 31, 1931

19 UNDERTAKER

William H. Coester, Inc.

ADDRESS

899-901 Homer Street

 MARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE RECEIVED

PARENTS OF DECEASED

INDIVIDUALS OF DECEASED

FILED

444

07' 78

## 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 33 and 90).
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 218).
3. If a person dies from **criminal violence** or by a **casualty** or by **suicide**, or **suddenly while in apparent health**, or when **unattended by a physician or in prison**, or in any **suspicious or unusual manner**, it shall be the duty of any citizen who may become aware of the death of any such person to report such death forthwith to the office of the chief medical examiner, and to a police officer who shall forthwith notify the officer in charge of the station house in the police precinct in which such person died. Any person who shall wilfully neglect or refuse to report such death or who without written order from a medical examiner shall wilfully touch, remove or disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any article upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 284, Section 2. In effect January 1, 1918.)
4. Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:

Abortion,	Hemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyaemia,
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 Medical Examiner. 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, Composer, 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

the Wife of deceased. This statement is made to obtain a permit  
(RELATIONSHIP)

for the burial or cremation of the remains of deceased

Signature

Gelma Lake  
(NAME)

John Henry Lake

William F. Croester, Inc.

William F. Croester

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MARGIN RESERVED FOR BINDING  
NO MUTILATED CERTIFICATE WILL BE RECEIVED

NOT CONTAGIOUS  
O.K. FOR BURIAL  
O.K. FOR REMOVAL

TITLE