

1055

HAAS 1925

25-2608-21-Bc, 14 H

1 PLACE OF DEATH

BOROUGH OF Queens

STATE OF NEW YORK
Department of Health of The City of New York
BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH **340**

No. 9127-109th Richmond Ave

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

Registered No. 340

2 FULL NAME Louisa Amelia Haas

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

15 DATE OF DEATH January 14, 1925
(Month) (Day) (Year)

6 DATE OF BIRTH March 7, 1978
(Month) (Day) (Year)

16 I hereby certify that the foregoing particulars (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 10 Jan 1925 to 14 Jan 1925, that I last saw her alive on the 14 day of January 1925, that death occurred on the date stated above at 7 P.M., and that the cause of death was as follows:

7 AGE 46 yrs. 10 mos. 7 ds. or 7 min. ?
If LESS than 1 day, hrs. min. ?

Cerebral Hemorrhage.

8 OCCUPATION (a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

Hemiplegia suppurans
duration 3 yrs. 3 mos. 0 ds.

9 BIRTHPLACE (State or country) New York
(A) How long in U. S. (if of foreign birth) (B) How long resident in City of New York N.

Contributory (Secondary)

10 NAME OF FATHER Yung Ludor
11 BIRTHPLACE OF FATHER (State or country) Germany
12 MAIDEN NAME OF MOTHER Ernestine Kludorn
13 BIRTHPLACE OF MOTHER (State or country) Germany

Witness my hand this 15 day of Jan 1925.

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.
Former or Usual Residence

Signature W E Jewer M. D.

Address 8700 - 114th Richmond Ave

FILED
JAN 16 1925

17 PLACE OF BURIAL Lutheran Cem

DATE OF BURIAL Jan 17th, 1925

18 BEREAVERS Walter Yuss Ruff ADDRESS Ozone Park N.Y. Loic 957

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

2591 2044

OFFICE OF DEATH

Date 1/21/20
Number Issued 2
Searcher 017
Transcriber BR

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, disturb the body of any such person, or wilfully touch, remove, or disturb the clothing, or any part upon or near such body, shall be guilty of a misdemeanor. (Inserted by Laws 1915, Chapter 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:

340

- | | | | |
|--------------|-------------|--------------|-------------|
| Abortion, | Hemorrhage, | Meningitis, | Phlebitis, |
| Cellulitis, | Gangrene, | Metritis, | Pycemia, |
| Childbirth, | Gastritis, | Miscarriage, | Septicemia, |
| 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 "Bright's disease," as the 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, Coal 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 necessary. As examples: (a) *Spinner*, (b) *Cotton Mill*, (a) *Salesman*, (b) *Grocery*, (a) *Barman*, (b) *mobile 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 or of which has been erased, interlined, corrected or altered in any way, or which is filed as a public record.

I hereby certify that I have been employed as undertaker by Mr. Hoar the husband of deceased. This statement is made to obtain a permit. (RELATIONSHIP) (NAME)

for the burial or cremation of the remains of deceased Russell C. Hoar