

CERTIFICATE OF DEATH

Certificate No. 10553

1 PLACE OF DEATH

BOROUGH OF Brooklyn
 Name of Institution Beth El Hosp Address Rockaway, Pkwy, & Ave A

2 PRINT FULL NAME DAVID SCHECHTER
 First Name Middle Name Last Name

3 Residence (usual place of abode)
 (If nonresident, give place and State) No. 132 E. 94th Ave. St. Borough of Brooklyn

PERSONAL AND STATISTICAL PARTICULARS

4 SEX M **5 COLOR OR RACE** W **6 SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married

6A WIFE } **6B HUSBAND** } OF MALKA

7 DATE OF BIRTH OF DECEDENT Feb 14, 1887
 (Month) (Day) (Year)

8 AGE 65 yrs. ✓ mos. 23 ds. or min. ?
 If LESS than 1 day, hrs. min. ?

9 OCCUPATION
A Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rabbi Schechter
B Industry or business in which work was done, as silk mill, sawmill, bank, etc. Poultry
C Date deceased last worked at this occupation (month and year) 1935 **D** Total time (years) spent in this occupation 45 y.

10 BIRTHPLACE (State or country) Poland

11 How long in U. S. (if of foreign birth) 17 yrs **12** How long resident in City of New York 17 yrs

PARENTS OF DECEASED
13 NAME OF FATHER OF DECEDENT Chiam Schechter
14 BIRTHPLACE OF FATHER (State or country) Poland
15 MAIDEN NAME OF MOTHER OF DECEDENT Unknown
16 BIRTHPLACE OF MOTHER (State or country) Poland

17 INFORMANT Son - Joe Schechter

21 PLACE OF BURIAL Beth David

22 UNDERTAKER Cherry Bros

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 6, 1937
 (Month) (Day) (Year)

19 I hereby certify that deceased was admitted to this institution on May 1, 1937, that I last saw him alive on the 6 day of May, 1937, that he died on the 6 day of May, 1937, about 8:30 o'clock A.M. or P.M.

The principal cause of death and related causes of importance were as follows: Rectal Abscess - non traumatic ("gas" bacillus) DURATION 13 days

Other contributory causes of importance:

Name of operation Incision & Drainage Date 5/1/37

What test confirmed diagnosis? culture taken but no result yet Was there an autopsy? no

Signature Maxwell Shish M. D.

20 Pathologist's Report (See Over)

Signature _____ M. D.

DATE OF BURIAL May 6, 1937

ADDRESS 1864 Sterling Pl

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING

TO PATHOLOGISTS

To assist the Department of Health in the proper classification of this death by cause, please add to your statement of findings a note concerning any of the clinical diagnoses, which were not confirmed at autopsy.

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 of 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,
Cellulitis,
Childbirth,
Convulsions,

Hemorrhage,
Gangrene,
Gastritis,
Erysipelas,

Meningitis,
Metritis,
Miscarriage,
Peritonitis,

Phlebitis,
Pyæmia,
Septicæmia,
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, 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, without any solicitation on my part or that of any other person, as undertaker herein by Malcha Schuchter

of 132 E 94 who is the Wife (relationship)

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) Michael Schuchter

Business Address 1864 Sterling St

Permit Number (Undertaker's) 2406

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 License number.

State License No. _____

Malcha Schuchter

9858
6/6/16
1501
Removal to 132 E 94
New York