

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

The Bronx

No. 281 58. Ann's Ave St

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

Tenement

Registered No.

2196

2 FULL NAME

Ophelia Nadel

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED, WIDOWED,
OR DIVORCED
(Write the word)

Married

15 DATE OF DEATH

Feb. 26, 1931
(Month) (Day) (Year)

6 DATE OF BIRTH

, 1
(Month) (Day) (Year)

7 AGE

69

yrs. mos. ds.

If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

Housewife

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

9 BIRTHPLACE

(State or country)

U. S. A.

(9) How long in
U. S. (if of for-
eign birth)(9) How long resi-
dent in City
of New York

35 yrs

10 NAME OF
FATHER

Meyer Jacobs

11 BIRTHPLACE
OF FATHER
(State or country)

Germany

12 MAIDEN NAME
OF MOTHER

Minna Helfand

13 BIRTHPLACE
OF MOTHER
(State or country)

Germany

14 Special INFORMATION required in deaths in hospitals and institu-
tions and in deaths of non-residents and recent residents.Former or
usual Residence

Baltimore, Md.

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 Jan. 10 1931
to Feb. 26 1931 that I last saw her
alive on the 26 day of Feb. 1931,
that death occurred on the date stated above at 10-A.M.,
and that the cause of death was as follows:

Carcinoma of Head
of the Pancreas
Carcinoma of Liver

duration yrs. mos. ds.

Contributory
(Secondary)

Cardiac Failure

duration yrs. mos. ds.

Witness my hand this 26 day of Feb. 1931.

Signature

Harry Gordon M. D.

Address

628 E. 141 St.

FILED

17 PLACE OF BURIAL

Mount Hope Cemetery

DATE OF BURIAL

March 1, 1931

18 UNDERTAKER

A. Bretschneider & Co. 55 Pitt St.
Ray Rothman 78

ADDRESS

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

FEB 27 1931

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, 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 Joseph Nadel
(NAME)
the Husband of deceased. This statement is made to obtain a permit
(RELATIONSHIP)
for the burial or cremation of the remains of deceased Ophelia Nadel

Signature A. B. H. Schneider Co.
Edy Rothman