

1 PLACE OF DEATH

STATE OF NEW YORK

Department of Health of The City of New York

BOROUGH OF Brook

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

No. 700 E 163 St St.

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

Registered No. 5851

2 FULL NAME Frederica Jacobo

3 SEX Female 4 COLOR OR RACE White 5 SINGLE Married 15 DATE OF DEATH Oct. 21, 1921  
(Month) (Day) (Year)

6 DATE OF BIRTH March 10, 1892  
(Month) (Day) (Year)

7 AGE 29 yrs. 7 mos. 11 ds. If LESS than 1 day, ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Germany

(A) How long in U. S. (if of foreign birth) 56y (B) How long resident in City of New York 56y

10 NAME OF FATHER Joseph Jacobo

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Jessie - Unknown?

13 BIRTHPLACE OF MOTHER (State or country) Germany

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

Former or usual Residence }  
}

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 Oct. 20, 1921 to October 21, 1921, that I last saw her alive on the 21 day of October, 1921, that death occurred on the date stated above at 1 P.M., and that the cause of death was as follows:

Broncho Pneumonia

duration yrs. mos. 2 ds.

Contributory (Secondary)

duration yrs. mos. ds.

Witness my hand this 21 day of Oct, 1921

Signature O. E. ... M. D.

Address 952 ...

FILED  
OCT 22 1921

17 PLACE OF BURIAL Parade ...  
18 UNDERTAKER ...

DATE OF BURIAL Oct 23, 1921  
ADDRESS ...

MARGIN RESERVED FOR BINDING NO MUTILATED CERTIFICATE WILL BE RECEIVED

## 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, ch. 284, & 2. In effect Jan. 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,	Haemorrhage,	Meningitis,	Phlebitis,
Cellulitis,	Gangrene,	Metritis,	Pyæmia,
Childbirth,	Gastritis,	Miscarriage,	Septicæmia,
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**," "**Dropsey**," 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 Mr. Jacobs  
(NAME)  
 the Susan of deceased. This statement is made to obtain a permit  
(RELATIONSHIP)  
 for the burial or cremation of the remains of deceased Indira Jacobs

Signature James M. Jacobs

RECEIVED



1918  
 JUN 6 1918