25-2609-18-B, Form 15 H

1 PLACE OF DEATH

BOROUGH OF Bronx

STATE OF NEW YORK

Department of Health of The City of New York

BUREAU OF RECORDS

STANDARD CERTIFICATE OF DEATH

Name of Institution Lincoln Hospital. Register No. 316

2 FULL NAME Baby Liebowitz

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word)
Male	White	Single

6 DATE OF BIRTH: January (Month) 7 (Day), 1919 (Year)

7 AGE: ....yrs. ....mos. 1 ds. If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) U.S.

(9A) How long in U. S. (if of foreign birth)? Life (9B) How long resident in City of New York Life

PARENTS OF DECEASED

10 NAME OF FATHER Harry Liebowitz

11 BIRTHPLACE OF FATHER (State or country) U.S.

12 MAIDEN NAME OF MOTHER Ida Heisler

13 BIRTHPLACE OF MOTHER (State or country) U.S.

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

Former or usual residence 870 East 162 St.

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

Rochelle Park

15 DATE OF DEATH: January (Month) 8 (Day), 1919 (Year)

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 7 *1919, that I last saw h* im *alive on the* 8 *day of* Jan. *1919, that* he *died on the* 8 *day of* January *1919, about* 4.45 *o'clock* A. ~~M or~~ P. M., *and that I am unable to state definitely the cause of death; the diagnosis during h* is *last illness was:*

Prematurity - 7 months.

.....duration ... yrs. .... mos. .... ds.

Contributory (Secondary) .....

.....duration .... yrs. .... mos. .... ds.

Witness my hand this 8 day of Jan. 1919

Signature E. J. Drummond M.D.

House Physician

17 *I hereby certify that I have this .... day of .... 191.., performed an autopsy upon the body of said deceased, and that the cause of h death was as follows:*

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Signature ..... M. D.

Pathologist ..... Hospital

MARGIN RESERVED FOR BINDING
NO MUTILATED CERTIFICATE WILL BE RECEIVED

FILED JAN 9 1919

18 PLACE OF BURIAL Riverside Cem N.J.

19 UNDERTAKER A. Rosenthal Washington Cem

DATE OF BURIAL Jan 9, 1919

ADDRESS 141 Ludlow St

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.*

RECEIVED

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 Harry Liebowitz (NAME)

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

for the burial or cremation of the remains of deceased Baby Liebowitz

Signature K. Rosenthal