

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 Brooklyn

Name of Institution Levash Sanitarium for incurables

Register No. 24642

2 FULL NAME Esther Polakoff

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

15 DATE OF DEATH December 3, 1931  
(Month) (Day) (Year)

6 DATE OF BIRTH 1866  
(Month) (Day) (Year)

7 AGE 65 yrs. 1 day, hrs. min.  
If LESS than 1 day, hrs. min.

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 November 16, 1931, that I last saw her alive on the 3 day of December 1931, that she died on the 3 day of December 1931, about 125 o'clock A. M. or P. M., and that I am unable to state definitely the cause of death; the diagnosis during her last illness was:  
Chronic Myocarditis

8 OCCUPATION  
(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business or establishment in which employed (or employer)  
(c) No. of years so occupied

duration yrs. 6 mos. ds.  
Contributory Myocardial Decompensation  
(Secondary) duration yrs. mos. ds.

9 BIRTHPLACE (State or country) Russia  
(9A) How long in U. S. (if of foreign birth) 25 (9B) How long resident in City of New York 25 yrs.

Witness my hand this 3 day of Dec 1931  
Signature Samuel Bloomer M.D.  
House Physician

PARENTS OF DECEASED  
10 NAME OF FATHER Nathan Springberg  
11 BIRTHPLACE OF FATHER (State or country) Russia  
12 MAIDEN NAME OF MOTHER Rebecca Sheinboim  
13 BIRTHPLACE OF MOTHER (State or country) Russia

17 I hereby certify that I have this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_, performed an autopsy upon the body of said deceased, and that the cause of her death was as follows:

14 Special INFORMATION required in deaths in hospitals and institutions and in deaths of non-residents and recent residents.  
Former or usual residence 190-20-111 Ave, Hollis  
Where was disease contracted, if not at place of death?

Signature \_\_\_\_\_ M. D.  
Pathologist \_\_\_\_\_ Hospital \_\_\_\_\_

FILED 1931-12-31

18 PLACE OF BURIAL Accacia Cem

DATE OF BURIAL Dec 4, 1931

19 UNDERTAKER Ab Gordon

ADDRESS 341 E. Houston St

See 1987

NO UNMUTILATED 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, 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,	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," "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

*Isaac Polakoff*  
(NAME)

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

for the burial or cremation of the remains of deceased

*Ester Polakoff*  
*Abel Gordon*  
Signature